

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000001773

1. Entity Name
MIRIAM'S HOME OF NEW BEGINNINGS, INC.



Principal Place of Business
271 SW 95TH TERRACE
PEMBROKE PINES, FL 33025

Mailing Address
271 SW 95TH TERRACE
PEMBROKE PINES, FL 33025



03232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1217698	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, LEVI G JR.
200 SOUTHEAST 13TH STREET
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PF BEVANS, LUCILLE 271 SW 95TH TERRACE PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDWARDS, JULIE 12809 SW 21ST STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUIS, RICHARD 270 SW 95TH TERRACE PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL-LOVE, DONETTE 7420 NW 5TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BORELAND, ANGELA 727 SW 122ND AVENUE PEMBROKE PINES, FL 330255919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCLELLAN, APRIL 12864 BISCAYNE BLVD., #124 NORTH MIAMI, FL 33181

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IN THIS SPACE**

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07/07/06-80013-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lucille Bevans **Lucille Bevans, Pres.** **7-2-06** **954-701-9363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #