2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000001773

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

Current Principal Place of Business:

271 SW 95TH TERRACE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

271 SW 95TH TERRACE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 57-1217698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PF	( ) Delete
Name:	BEVANS, LUCILLE	
Address:	271 SW 95TH TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	VP	( ) Delete
Name:	EDWARDS, JULIE	
Address:	12809 SW 21ST STREET	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	D	( ) Delete
Name:	LOUIS, RICHARD	
Address:	270 SW 95TH TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	D	( ) Delete
Name:	RUSSELL-LOVE, DONETTE	
Address:	7420 NW 5TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	T	( ) Delete
Name:	BORELAND, ANGELA	
Address:	727 SW 122ND AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 330255919	
Title:	S	( ) Delete
Name:	MCCLELLAN, APRIL	
Address:	12864 BISCAYNE BLVD., #124	
City-St-Zip:	NORTH MIAMI, FL 33181	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE BEVANS LB 04/30/2009

Electronic Signature of Signing Officer or Director — Date