

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006758

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** NEW BEGINNINGS FELLOWSHIP OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

7298C HWY 441  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 670  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

**FEI Number:** 54-2177342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, WAYNE  
1103 PINERIDGE DAIRY ROAD  
FRUITLAND PARK, FL 34731 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: PD ( ) Delete  
Name: WHITE, WAYNE  
Address: 7298C HWY 441  
City-St-Zip: LEESBURG, FL 34788

Title: V ( ) Delete  
Name: WHITE, NORMA  
Address: 7298C HWY 441  
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete  
Name: LAWRENCE, LORI  
Address: 7298C HWY 441  
City-St-Zip: LEESBURG, FL 34788

Title: TD ( ) Delete  
Name: JACKSON, ANGELA  
Address: 7298C HWY 441  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: RAMOS, RALPH  
Address: 7298C HWY 441  
City-St-Zip: LEESBURG, FL 34788

**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:

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: ANGELA JACKSON

TD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date