

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007357

FILED
Jan 15, 2009
Secretary of State

Entity Name: NEW BEGINNINGS HEALING CENTER, INC.

Current Principal Place of Business:

1355 TADSWORTH TERR
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P.O. 568569
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 34-1355965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRIDER, DOROTHY
1355 TADSWORTH TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SHRIDER, DOROTHY E
1355 TADSWORTH TERRACE
LAKE MARY, FL 32746 US

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: DOROTHY E. SHRIDER

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, JONATHAN PASTOR
Address: 1546 CHERRY BLOSSOM TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: MILLER, REBEKAH PASTOR
Address: 1355 TADSWORTH TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: ST () Delete
Name: ARTHUR, MARK
Address: 702 HOLBROOK CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MILLER, REBEKAH PASTOR
Address: 1355 TADSWORTH TERRACE
City-St-Zip: LAKE MARY, FL 32746

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: DOROTHY E. SHRIDER

RA

01/15/2009

Electronic Signature of Signing Officer or Director

Date