

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002981

FILED
Jan 23, 2009
Secretary of State

Entity Name: NEW BEGINNINGS RESIDENTIAL SERVICES, INC.

Current Principal Place of Business:

4433 YORK DR W
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4433 YORK DR W
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 20-8807304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, MARC H
2908 26TH STREET WEST
BRADENTON, FL 34205 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: DP () Delete
Name: BRAGG, BRAIN M
Address: 4433 YORK DR W
City-St-Zip: BRADENTON, FL 34207

Title: DV (X) Delete
Name: BRAGG, JANICE A
Address: 4433 YORK DR W
City-St-Zip: BRADENTON, FL 34207

Title: DST (X) Delete
Name: HULBERT, MICHELE
Address: 6610 67TH ST E
City-St-Zip: PALMETTO, FL 34221

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:

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: BRIAN M. BRAGG

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date