

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005563

FILED
Apr 22, 2009
Secretary of State

Entity Name: NUBEGINNINGS RESOURCE CENTER, INC.

Current Principal Place of Business:

2866 ALOMA OAKS DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2866 ALOMA OAKS DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 26-2787038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELAUGHTER, GAY G
820 ALFRED DRIVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

MURRAY, GLORIA A
2866 ALOMA OAKS DRIVE
OVIEDO, FL 32765 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: GLORIA A. MURRAY

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELAUGHTER, GAY G
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: S () Delete
Name: MURRAY, GLORIA A
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: T () Delete
Name: TATUM, VALERIE
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: VPP () Delete
Name: PEARSON, NAKIA
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: VPP (X) Delete
Name: DAUGHTERY, JAMES
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURRAY, GLORIA A
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: S (X) Change () Addition
Name: WASHINGTON, FERNANDO
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: VPP (X) Change () Addition
Name: HOLMES, AYOKAH
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: T (X) Change () Addition
Name: PEARSON, NAKIA
Address: 2866 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

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: GLORIA A. MURRAY

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date