2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N08000005852

Entity Name: NEW BEGINNINGS CENTER, PALATKA, INCORPORATED

Current Principal Place of Business:

8505 JENNY CAE LANE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

8505 JENNY CAE LANE
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 26-3196989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGGINS, PATRICIA A
8505 JENNY CAE LANE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

ALLEN WIGGINS, PATRICIA
8505 JENNY CAE LANE
NORTH FORT MYERS, FL 33903 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: PATRICIA ALLEN WIGGINS 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WIGGINS, ALEX W
Address: 8505 JENNY CAE LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete
Name: WIGGINS, PATRICIA A
Address: 8505 JENNY CAE LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete
Name: WALKER, VICTORIA
Address: 8505 JENNY CAE LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: ALLEN WIGGINS, PATRICIA
Address: 8505 JENNY CAE LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: PATRICIA ALLEN WIGGINS D 01/13/2009
Electronic Signature of Signing Officer or Director Date