

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008885

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW BEGINNINGS ANIMAL SANCTUARY, INC.

Current Principal Place of Business:

111 DREW COURT
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

111 DREW COURT
NICEVILLE, FL 32578

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTUNE, JENNIFER
111 DREW COURT
NICEVILLE, FL 32578 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: D () Delete
Name: FORTUNE, JENNIFER
Address: 111 DREW COURT
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: HEADLEY, NIKKI
Address: 104 FRIAR TUCK DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BIDDLE, ILSE
Address: 308 EAST WOODROW STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JENNIFER FORTUNE

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

Date