

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004056

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** NEW BEGINNINGS RENTRY PARTNERSHIP PROGRAM, INC.

**Current Principal Place of Business:**

5505 S.W. 63RD BLVD  
BAINESVILLE, FL 32608

**New Principal Place of Business:**

5505 S.W. 63RD BLVD  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5505 S.W. 63RD BLVD  
BAINESVILLE, FL 32608

**New Mailing Address:**

5505 S.W. 63RD BLVD  
GAINESVILLE, FL 32608

**FEI Number:** 26-4558558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, BONNIE R DR.  
5505 S.W. 63RD BLVD  
GAINESVILLE, FL 32608 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:** P  
**Name:** MITCHELL, BONNIE R DR.  
**Address:** 5505 S.W. 63RD BLVD  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** VP  
**Name:** MITCHELL, LARRY D DR.  
**Address:** 5505 S.W. 63RD BLVD  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** ST  
**Name:** MITCHELL, DANIELLE  
**Address:** 5505 S.W. 63RD BLVD  
**City-St-Zip:** GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

**SIGNATURE:** DR. BONNIE R. MITCHELL

PRES

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date