

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
• ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:16

DOCUMENT # N94000005946 (8)

1. Corporation Name

NEW BEGINNINGS OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

22 E ST JOHNS ST
LAKE CITY FL

22 E ST JOHNS ST
LAKE CITY FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/05/1994

N/A

4. FEI Number

59-328-1860

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, SANDRA
22 E ST JOHNS ST
LAKE CITY FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYBURY, KATHY
STREET ADDRESS	22 E ST JOHNS ST
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	JOHNSON, SANDY
STREET ADDRESS	22 E ST JOHNS ST
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	BROCK, TWILA
STREET ADDRESS	22 E ST JOHNS ST
CITY - ST - ZIP	LAKE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT OF BOARD	☒ Change	☐ Addition
1.2 NAME	ANA CORTES		
1.3 STREET ADDRESS	22 E. St. Johns St		
1.4 CITY - ST - ZIP	LAKE CITY, FL 32025		
2.1 TITLE	Board of Directors	☐ Change	☒ Addition
2.2 NAME	Beth Butler		
2.3 STREET ADDRESS	22 E. St. Johns St		
2.4 CITY - ST - ZIP	LAKE CITY, FL 32025		
3.1 TITLE	Board of Directors	☒ Change	☐ Addition
3.2 NAME	Morris HINES		
3.3 STREET ADDRESS	22 E. St. Johns St		
3.4 CITY - ST - ZIP	LAKE CITY, FL 32025		
4.1 TITLE	TRACY CAPALLIA Board of Directors Vice President	☐ Change	☒ Addition
4.2 NAME	22 E. St. Johns St		
4.3 STREET ADDRESS	LAKE CITY, FL 32025		
4.4 CITY - ST - ZIP			
5.1 TITLE	Board of Directors	☐ Change	☒ Addition
5.2 NAME	Pat Lee		
5.3 STREET ADDRESS	22 E. St. Johns St.		
5.4 CITY - ST - ZIP	LAKE CITY FL 32025		
6.1 TITLE	Board of Directors Vice President	☐ Change	☒ Addition
6.2 NAME	Hilda Alterber		
6.3 STREET ADDRESS	22 E. St. Johns St		
6.4 CITY - ST - ZIP	LAKE CITY, FL 32025		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

Date

904-752-1409

Telephone #

N94-5946

J

#13 Additions / Changes To Officers AND Directores

7.1 Board of Directors

7.2 BONNIE Gragg

7.3 22 E. St Johns St

7.4 LAKE City, FL 32025

8.1 Board of Directors

8.2 Von Gragg

8.3 22 E. St Johns St

8.4 LAKE City, FL 32025

9.1 Board of Directors

9.2 Elsie Zoffie

9.3 22 E. St Johns St

9.4 LAKE City, FL 32025

10.1 Board of Directors

10.2 DARLENE NEAL

10.3 22 E. St Johns St.

10.4 LAKE City, FL 32025

11.1 Board of Directors

11.2 ANGIE Kelsge

11.3 22 E. St Johns St.

11.4 LAKE City, FL 32025