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Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000618 (7)
1. Corporation Name

NEW BEGINNINGS INTERNATIONAL INC.



Principal Place of Business

Mailing Address

1024 ANTELOPE TRAIL
WINTER SPRINGS FL 32708

5840 RED BUG LAKE RD
SUITE 355
WINTER SPRINGS FL 32708-5011

3. Date Incorporated or Qualified
02/03/1995

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3294116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOSS, THOMAS E III
500 E ALTAMONTE DR
SUITE 210
ALTAMONTE SPRINGS FL 32701

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LOCKWOOD, HOWARD D
STREET ADDRESS 1024 ANTELOPE TRAIL
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME LOCKWOOD, JOY B
STREET ADDRESS 1024 ANTELOPE TRAIL
CITY-ST-ZIP WINTER SPRINGS FL 32708

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LAVERY, JACK
STREET ADDRESS 1 LIN AIR FARMS ROAD
CITY-ST-ZIP WAVVELY PA 18471-0756

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BARTLE, PHYLLIS
STREET ADDRESS 3344 YOTHERS RD
CITY-ST-ZIP APOPKA FL 32712

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GENT, CHRIS
STREET ADDRESS 5124 PARK CENTRAL DR APT 525
CITY-ST-ZIP ORLANDO FL 32839

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME PLUM, JERRY
STREET ADDRESS 1019 CHESTERFIELD CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)