

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90112 014 \*\*\*\*61.25

**DOCUMENT # N95000000618**

1. Corporation Name

**NEW BEGINNINGS INTERNATIONAL INC.**

Principal Place of Business

**1024 ANTELOPE TRAIL  
WINTER SPRINGS FL 32708**

Mailing Address

**5840 RED BUG LAKE RD  
SUITE 355  
WINTER SPRINGS FL 32708**

458951 - 90112 - 14



2. Principal Place of Business

**21 661 Cranebrook Court**

Suite, Apt. #, etc.

**22**  
City & State

**23 Oviedo, Florida**

Zip Country

**24 32766**

2a. Mailing Address

**26 661 Cranebrook Court**

Suite, Apt. #, etc.

**27**  
City & State

**28 Oviedo, Florida**

Zip Country

**29 32766**

**30**

3. Date Incorporated or Qualified

**02/03/1995**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**D  
NAME BEAUDOIN, ANDREW  
STREET ADDRESS 494 EAGLE CIRCLE  
CITY-ST-ZIP CASSELBERRY FL 32707**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**D  
NAME BUFFINGTON, CARL  
STREET ADDRESS 1402 BENTLEY COVE COURT  
CITY-ST-ZIP WINTER SPRINGS FL 32708**

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME LOCKWOOD, HOWARD D.  
1.3 STREET ADDRESS 661 CRANEBROOK COURT  
1.4 CITY-ST-ZIP OVIEDO, FL 32766**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME LOCKWOOD, JOY B.  
2.3 STREET ADDRESS 661 CRANEBROOK COURT  
2.4 CITY-ST-ZIP OVIEDO, FL 32766**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. I 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, with all other like empowered.

SIGNATURE:

**Howard D. Lockwood** 4/27/99 (407) 689-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)