

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001054

FILED
Jan 22, 2009
Secretary of State

Entity Name: NEW BEGINNINGS OF FLORIDA KEYS, INC.

Current Principal Place of Business:

724 TRUMAN AVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P O BOX 6252
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0572946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAUN, JEAN T
81 SEASIDE N CT
KEY WEST, FL 33040 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: MAUN, JEAN T
Address: 81 SEASIDE N CT
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: WALKER, PATTI
Address: 16 W CIR DR
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: JACKOWSKI, BARBARA
Address: 15 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: BALDWIN, MELISSA
Address: 16 W CIR DR
City-St-Zip: KEY WEST, FL 33040

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:

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: JEAN T. MAUN

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date