

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001532 (9)

1. Corporation Name

NEW BEGINNINGS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2105 HYDE PARK CIRCLE
SARASOTA FL 34239

Mailing Address

2105 HYDE PARK CIRCLE
SARASOTA FL 34239

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2700 S. TAMPA MI TR

26 2700 S. TAMPA MI TRAIL

4. FEI Number

59-3306501

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1Y

27 SUITE 1Y

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Sarasota

28 Sarasota, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 FL

25 34239

29 34239

30 USA

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

LEE, H. GREG
2014 FOURTH STREET
SARASOTA FL 34237

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 STD
NAME ALLEN, JANET
STREET ADDRESS 2831 RINGLING BLVD., #D-114
CITY-ST-ZIP SARASOTA FL 34237 ☒ DELETE

1.1 TITLE TD
1.2 NAME Hope E. Iken ☐ Change ☒ Addition
1.3 STREET ADDRESS 2576 Ardenwood Cr
1.4 CITY-ST-ZIP Sarasota, FL 34232

TITLE VD
NAME BYRON, JON
STREET ADDRESS 7427 WESTMORELAND DRIVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

2.1 TITLE VDS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME KITTELL, JOAN
STREET ADDRESS 2105 HYDE PARK CIRCLE
CITY-ST-ZIP SARASOTA FL 34239 ☒ DELETE

3.1 TITLE Alice Bolton "D" ☐ Change ☒ Addition
3.2 NAME 177 N.W. Lakeshore Cr
3.3 STREET ADDRESS Port Charlotte, FL 33952
3.4 CITY-ST-ZIP

TITLE D
NAME MAULUCCI, SUSAN
STREET ADDRESS 1800 2ND STREET
CITY-ST-ZIP SARASOTA FL 34237 ☒ DELETE

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

TITLE D
NAME TRIELOFF, PAUL DR.
STREET ADDRESS 2831 RINGLING BLVD., #D-116
CITY-ST-ZIP SARASOTA FL 34237 ☐ DELETE

5.1 TITLE President, Edin. ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME Genie O'Brien ☐ Change ☒ Addition
6.3 STREET ADDRESS 2531 Portland St
6.4 CITY-ST-ZIP Sarasota, FL 34231

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/29/96 941-954-0454

CR2E037 (12/95)