SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jul 16 1998 8:00am *

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N9600000337 (3)

"NEW BEGINNINGS" OUTREACH CENTER, INC.					
Principal Place of Business		Malling Address		I (Delika) die fank billi belik belik belik be	14 66/14 6 0/60 11160 11111 1861 1861
840 DELTONA BLVD #0 DELTONA FL 32725 US		P O BOX 5781 DELTONA FL 32725 US		3. Date Incorporated or Qualified 01/19/1996 4. FEI Number Applied For	
2. Principal f	Place of Business	2a. Malling Address		59-3382362 5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
27		····		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country 28		28 Zip	Country	Yes No 8. This corporation owes or has paid the current year Intengible	
24	25	}	30	Personal Property Tax due June 30.	Current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Registere	
			81 Name		
CASTRIOTA, L O UIS D			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
840 DELTONA BLVD #0			-		
DELTONA	FL \$2 725		83		
	7		84 City	F	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 age		E: Registered Agent signature req	·	
12.	PD OFFICERS AI	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME	CASTRIOTA, LOUIS D	DELETE	1.1 IIILE	D WANDA THOMPSON	Change Addition
STREET ADDRESS	44-13 14-13 14-13-13			E41 HONTOON RD.	
CITY-ST-ZIP	DELTONA FL			DELAND, FL. \$2720	
TITLE	D	DELETE	2.1 TITLE	200,000	Change Addition
NAME	CASTRIOTA, JANET F		2.2 NAME		rounds
STREET ADDRESS			2.3 STREET ADDRESS		·
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE	<u> T </u>	DELETE	3.1 TITLE		Change Addition
NAME	SMITH, WILLIAM B		3.2 NAME		
STREET ADDRESS	1435 VOLTAIRE ST DELTONA FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T T		3.4 CITY-ST-ZIP		
NAME	PETERSON, MARY	DELETE	4.2 NAME		Change Addition
STREET ADDRESS	1309 TRAIL BY THE LAKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP		
TITLE	1	DELETE	6.1 TITLE		Change Addition
NAME	MAQDONALD, JOHN A		6.2 NAME		
STREET ADDRESS	1176 GEORGE RYAN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP		
TITLE	DIRECT DOMAID 4	DELETE	6.1 TITLE		Change Addition
NAME OTDEET ADDRESS	DUBEY, DONALD J 380 FOOTHILL FARMS RD		6.2 NAME		
STREET ADDRESS	ORANGE CITY FL		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I hereby o	ertify that the information supplied with	h this filing does not qualify for the	6.4 CITY-ST-ZIP	ction 119.07(3)(i). Florida Statutas I further certi	fy that the information
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 chapped, or one appears with an address.					

SIGNATURE NOTICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Priore #