

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000337

FILED
Apr 29, 2005
Secretary of State

Entity Name: "NEW BEGINNINGS" OUTREACH CENTER, INC.

Current Principal Place of Business:

2297 ASBURY ROAD
DELTONA, FL 32738 US

New Principal Place of Business:

1500 HERNDON AVE
DELTONA, FL 32725 US

Current Mailing Address:

P O BOX 5781
DELTONA, FL 32728 US

New Mailing Address:

FEI Number: 59-3382362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRIOTA, LOUIS D
2297 ASBURY RD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

CASTRIOTA, LOUIS D
1500 HERNDON AVE
DELTONA, FL 32725 US

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: LOUIS D. CASTRIOTA

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRIOTA, LOUIS D
Address: 2297 ASBURY RD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: CASTRIOTA, ANGELA R
Address: 2297 ASBURY RD
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: MACDONALD, JOHN A
Address: 1175 GEORGE RYAN RD
City-St-Zip: DELAND, FL

Title: T () Delete
Name: MIGNELLA, SHAUN
Address: 70 WOODBERRY RD.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTRIOTA, LOUIS D
Address: 1500 HERNDON AVE
City-St-Zip: DELTONA, FL 32725

Title: D (X) Change () Addition
Name: CASTRIOTA, ANGELA R
Address: 1500 HERNDON AVE
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MIGNELLA, SHAUN
Address: 2380 TOMOKA WOODS PKWY
City-St-Zip: DELAND, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS D. CASTRIOTA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date