2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N96000000337

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

Current Principal Place of Business:

1500 HERNDON AVE
DELTONA, FL 32725 US

New Principal Place of Business:

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
1500 HERNDON AVE
DELTONA, FL 32725 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:	PD	( ) Delete
Name:	CASTRIOTA, LOUIS D	
Address:	1500 HERNDON AVE	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	CASTRIOTA, ANGELA R	
Address:	1500 HERNDON AVE	
City-St-Zip:	DELTONA, FL 32725	
Title:	T	( ) Delete
Name:	MACDONALD, JOHN A	
Address:	1175 GEORGE RYAN RD	
City-St-Zip:	DELAND, FL	
Title:	T	( ) Delete
Name:	MIGNELLA, SHAUN	
Address:	2380 TOMOKA WOODS PKWY	
City-St-Zip:	DELAND, FL 32130	

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 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: LOUIS D. CASTRIOTA PD 04/18/2006

Electronic Signature of Signing Officer or Director — Date