

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000107

1. Entity Name
NEW BEGINNINGS OF SOUTH FLORIDA, INC.



Principal Place of Business

**2398 NW 119TH STREET
MIAMI, FL 33167 US**

Mailing Address

**2398 NW 119TH STREET
MIAMI, FL 33167 US**



04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1476062

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, MYRA MRS.
2398 NW 119TH STREET
MIAMI, FL 33167**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, MYRA
2398 NW 119TH STREET
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEAN, CHARLES
18810 NW 30TH COURT
MIAMI, FL 33055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, ELVIRA
2131 NW 98TH STREET
MIAMI, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000574011
08/10/06-80002-016 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mrs. Myra Taylor 6/7/06 305.681.0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #