

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90005 018 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003237

1. Entity Name
NEW BEGINNINGS COMMUNITY DEVELOPMENT CENTER, INC

Principal Place of Business 2600 AVENUE "H" RIVIERA BEACH FL 33404	Mailing Address P.O. BOX 11137 RIVIERA BEACH FL 33419
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2. Principal Place of Business 2600 Avenue "H" Suite, Apt. #, etc.	3. Mailing Address P.O. Box 11137 Suite, Apt. #, etc.
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City & State Riviera Beach FL	City & State Riviera Beach, FL
Zip 33404	Zip 33419
Country U.S.	Country U.S.

4. FEI Number 65-0764595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEWIS, DIANE
 450 WEST 37TH STREET
 PARK MANOR
 RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name: Diane Lewis
 Street Address (P.O. Box Number is Not Acceptable): 450 West 37th Street
Park Manor
 City: Riviera Beach **FL** Zip Code: 33404

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.

SIGNATURE: Diane Lewis 12/15/00¹⁰
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, HELEN 2836 S.W. 3RD STREET FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANDIGO, PATTY 108 LAKE ARBOR DRIVE PALM SPRINGS FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DIANE 450 WEST 37TH ST. RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTHERN, TRAVELL 500 N. CONGRESS AVE #132 W.P.B. FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROY, WILMA 6570 HIGH RIDGE ROAD W.P.B. FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCELLE, NORBERT S JR. 1600 39TH STREET W.P.B. FL 33407 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Diane Lewis 12/15/00¹⁰
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)