


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90033 012 ****70.00

DOCUMENT # N97000003237 1. Entity Name NEW BEGINNINGS COMMUNITY DEVELOPMENT CENTER, INC.				
Principal Place of Business 2600 AVENUE RIVIERA BEACH, FL 33404		Mailing Address P.O. BOX 11137 RIVIERA BEACH, FL 33419		
2. Principal Place of Business 2001 Broadway Suite, Apt. #, etc. Suite #200 City & State Riviera Beach, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33404		
Country USA		Country Zip Country		
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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, MARY LEE 2600 AVENUE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, HELEN 2836 SW 3RD STREET FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESLEY, ELIZABETH 509 SW 15TH TERRACE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROY, WILMA 6570 HIGHRIDGE ROAD W.P.B., FL 33462	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCELLE, NORBERT JR. 1600 39TH STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mattie Shannon 2001 Broadway, #201 Riviera Beach, FL 33404	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mary Lee Jackson 713 Juniper Drive North Palm Beach, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mattie Shannon 2001 Broadway, #201 Riviera Beach, FL 33404	<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: <u>Diane Lewis</u>		Date: <u>2/12/04</u> Daytime Phone #: <u>561/982-4435</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				