

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003237

FILED  
Jan 03, 2003  
Secretary of State

Entity Name: NEW BEGINNINGS COMMUNITY DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

2600 AVENUE  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11137  
RIVIERA BEACH, FL 33419

**New Mailing Address:**

FEI Number: 65-0764595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEWIS, DIANE  
450 WEST 37TH STREET  
PARK MANOR  
RIVIERA BEACH, FL 33404 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: P ( ) Delete  
Name: KENNEDY, HELEN  
Address: 2836 S.W. 3RD STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: V ( ) Delete  
Name: WESLEY, ELIZABETH  
Address: 509 S.W. 15TH TERRACE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: T ( ) Delete  
Name: LEWIS, PATRICE  
Address: 450 WEST 37TH ST.  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T ( ) Delete  
Name: ROY, WILMA  
Address: 6570 HIGHRIDGE ROAD  
City-St-Zip: W.P.B., FL 33462

Title: T ( ) Delete  
Name: MARCELLE, NORBERT JR.  
Address: 1600 39TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOWERS, SHARON  
Address: PO BOX 21741  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V (X) Change ( ) Addition  
Name: KENNEDY, HELEN  
Address: 2836 SW 3RD STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: T (X) Change ( ) Addition  
Name: WESLEY, ELIZABETH  
Address: 509 SW 15TH TERRACE  
City-St-Zip: DELRAY BEACH, FL 33444

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 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: SHARON BOWERS

P

01/03/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date