

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004327

1. Entity Name
TECHILAH CHADASHAH NEW BEGINNINGS, INC.



Principal Place of Business

915 OAK LANE
LAKELAND, FL 33811 US

Mailing Address

5118 DORMAN ROAD
LAKELAND, FL 33813



01202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3480114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, YVONNE
5118 DORMAN ROAD
LAKELAND, FL 33813

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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

Yvonne McGill

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1-20-07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T/S
NAME	MCGILL, LAUREN C
STREET ADDRESS	5118 DORMAN RD
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	TIDMORE, JAMES W
STREET ADDRESS	1009 BEACHWOOD AVE.
CITY-ST-ZIP	ROCKY MOUNT, NC 27803
TITLE	D
NAME	TIDMORE, TAMMY
STREET ADDRESS	1009 BEACHWOOD AVE.
CITY-ST-ZIP	ROCKY MOUNT, NC 27803
TITLE	V
NAME	MCELWEE, MARK
STREET ADDRESS	954 OAK LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	MCELWEE, CHRISTINE
STREET ADDRESS	954 OAK LAND
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	P
NAME	MCGILL, YVONNE
STREET ADDRESS	5118 DORMAN RD
CITY-ST-ZIP	LAKELAND, FL 33813

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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:

Yvonne McGill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-07