

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002927

1. Entity Name

NEW BEGINNING GROUP HOME CORP.



Principal Place of Business

**154 EILEEN AVENUE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**154 EILEEN AVENUE
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3520772

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEDINA, FREDERICK
154 EILEEN AVENUE
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MEDINA, FREDERICK
STREET ADDRESS 154 EILEEN AVE.
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32714

TITLE T ☐ Delete
NAME SANCHEZ, JOSE
STREET ADDRESS 605 S. NORTHLAKE BLVD. #26
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32701

TITLE SD ☐ Delete
NAME FRYE, JANNETTE
STREET ADDRESS 1321 BALLENTYNE PL
CITY- ST- ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add
1000000455417
03/15/06-80057-010 61.25

☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Handwritten Signature]* **7 3 21 1119 270** (407)