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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000003190**

1. Corporation Name
NEW BEGINNINGS LIFE CENTER, INC.

Principal Place of Business	Mailing Address
3350 COMMERCIAL WAY SPRING HILL FL 34606	3350 COMMERCIAL WAY SPRING HILL FL 34606

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3515814 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VP(Vice President)	☐ Change ☒ Addition
NAME	HUFFSTETLER, BOB		1.2 NAME	Dominic Sola	
STREET ADDRESS	3350 COMMERCIAL WAY		1.3 STREET ADDRESS	3350BCommêrical Way	
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	TD	☒ DELETE	2.1 TITLE	T(Treasurer)	☐ Change ☒ Addition
NAME	FRANCIS, COURTNEY		2.2 NAME	Robert Gerlack	
STREET ADDRESS	3350 COMMERCIAL WAY		2.3 STREET ADDRESS	3350 Commerical Way	
CITY-ST-ZIP	SPRING HILL FL 34606		2.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	SD	☒ DELETE	3.1 TITLE	S(Secretary)	☐ Change ☒ Addition
NAME	DAVEY, STEVEN		3.2 NAME	Brian Phelan	
STREET ADDRESS	3350 COMMERCIAL WAY		3.3 STREET ADDRESS	3350 Commerical Way	
CITY-ST-ZIP	SPRING HILL FL 34606		3.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIGAN, EARL		4.2 NAME		
STREET ADDRESS	3350 COMMERCIAL WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	M(Managing Director)	☐ Change ☒ Addition
NAME	SHYLOCK, T C		5.2 NAME	T. Charles Shylock	
STREET ADDRESS	3350 COMMERCIAL WAY		5.3 STREET ADDRESS	3350 Commerical Way	
CITY-ST-ZIP	SPRING HILL FL 34606		5.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1.1/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 19 April 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #