

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90021 024 ***150.00

DOCUMENT # P01000025340

1. Entity Name
NEW BEGINNINGS DOULA SERVICES, INC.



Principal Place of Business
**2616 N. RIVERSIDE DRIVE, UNIT #3
POMPANO BEACH, FL 33062-1242**

Mailing Address
**2616 N. RIVERSIDE DRIVE, UNIT #3
POMPANO BEACH, FL 33062-1242**



01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMPSON, PATRICIA
2616 N. RIVERSIDE DRIVE, UNIT #3
POMPANO BEACH, FL 33062-1242**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, PATRICIA
STREET ADDRESS	2616 N. RIVERSIDE DRIVE, UNIT #3
CITY-ST-ZIP	POMPANO BEACH, FL 330621242
TITLE	D
NAME	GRASSO, BERNICE
STREET ADDRESS	3662 NW 63 COURT
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	CARTER, DENISE
STREET ADDRESS	2360 NE 49TH STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise Carter
2/20/04 954-802-3846