2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004
Secretary of State

DOCUMENT# P03000068962

Entity Name: NEW BEGINNINGS, INC., A MEDICAID WAIVER ADULT DAY TRAINING PROGRAM

Current Principal Place of Business:

1013 S.E. 12TH AVENUE, UNIT 1013
CAPE CORAL, FL 33990

New Principal Place of Business:

4107 NW 26TH ST
CAPE CORAL, FL 33993 US

Current Mailing Address:

1013 S.E. 12TH AVENUE, UNIT 1013
CAPE CORAL, FL 33990

New Mailing Address:

4107 NW 26TH ST
CAPE CORAL, FL 33993 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLSON, EVELYN M
4107 N.W. 26TH STREET
CAPE CORAL, FL 33993 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NICHOLSON, EVELYN M
Address: 4107 N.W. 26TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: D ( ) Delete
Name: NICHOLSON, RAY T
Address: 4107 N.W. 26TH STREET
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN M. NICHOLSON PRES 05/25/2004

Electronic Signature of Signing Officer or Director Date