

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068962

FILED
Jan 11, 2010
Secretary of State

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

Current Principal Place of Business:

103 DEL PRADO BL N
SUITE 16
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

103 DEL PRADO BL N
SUITE 16
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 20-0053604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLSON, EVELYN M
103 DEL PRADO BLVD N
STE 16
CAPE CORAL, FL 33909 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: NICHOLSON, EVELYN M
Address: 103 DEL PRADO BLVD N STE 16
City-St-Zip: CAPE CORAL, FL 33909

Title: D
Name: NICHOLSON, RAY T
Address: 103 DEL PRADO BLVD N STE 16
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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 all other like empowered.

SIGNATURE: EVE M. NICHOLSON

D

01/11/2010

Electronic Signature of Signing Officer or Director

Date