### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004916

Entity Name: NEW BEGINNINGS OF CENTRAL FLORIDA, INC

**FILED** Feb 14, 2019 **Secretary of State** 1796109346CC

# **Current Principal Place of Business:**

415 CITRUS TOWER BLVD CLERMONT, FL 34711

# **Current Mailing Address:**

PO BOX 121129

CLERMONT, FL 34712 US

FEI Number: 26-0353679 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HARRIS, STEPHANIE 415 CITRUS TOWER BLVD CLERMONT, FL 34711 US

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: STEPHANIE HARRIS 02/14/2019

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title DIRECTOR Title CHAIRMAN

HARRIS, STEPHANIE Name MARK, MONTEMAYOR Name

PO BOX 121129 Address PO BOX 121129 Address

City-State-Zip: CLERMONT FL 34712 CLERMONT FL 34712 City-State-Zip:

Title **TREASURER** Title VC

Name BOUCHARD, GUY Name DE STEFANO, ROCCO

Address PO BOX 121129 Address PO BOX 121129

CLERMONT FL 34712 City-State-Zip: City-State-Zip: CLERMONT FL 34712

**SECRETARY** Title JAMES . BURKS Name PO BOX 121129

Address

City-State-Zip: CLERMONT FL 34712

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

SIGNATURE: STEPHANIE HARRIS EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

02/14/2019