

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L92985

**Entity Name:** NEW BEGINNINGS CHRISTIAN DAY CARE, INC.

**Current Principal Place of Business:**

NEW BEGINNING'S  
STARKE, FL 32091

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC4925730306**

**Current Mailing Address:**

642 N. WLANUT STRET  
STARKE, FL 32091 US

**FEI Number: 59-3030489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EULA NICHOLS  
1232N E 219  
LAWTEY, FL 32058 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRE.  
Name            EULA, NICHOLS  
Address        NE 219 ST. 1232  
City-State-Zip: LAWTEY FL 32058

Title            TRE.  
Name            RANIER, NICHOLS NICHLOS  
Address        NE 19STE  
City-State-Zip: LAWTEY FL 32058

Title            SEC.  
Name            THOMAS, YOULANDA  
Address        NEW BEGINNING'S  
City-State-Zip: STARKE FL 32091

Title            BOARD MEMBER  
Name            MURUNGI, ROSALYN A  
Address        NEW BEGINNING'S  
City-State-Zip: STARKE FL 32091

*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: EULA NICHOLS**

**PRES.**

**04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date