

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706711

1. Entity Name

NEW BEGINNING CHRISTIAN CENTER, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 029 ****61.25

Principal Place of Business

Mailing Address

1111 S.W. 2ND AVE.
DEERFIELD BEACH FL 33441
US

1111 S.W. 2ND AVE.
DEERFIELD BEACH FL 33441-6503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, MICHAEL L
9460 LISTOW TERR
BOYNTON BCH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARVEY, MICHAEL	
STREET ADDRESS	9460 LISTOW TERR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANKS, JOHNNY	
STREET ADDRESS	487 N.W. 3RD WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, KATIE MAE	
STREET ADDRESS	710 N.E. 40TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, PATRICIA A.	
STREET ADDRESS	1119 MEADOWS CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTIE, LEROY	
STREET ADDRESS	211 S.W. 3RD CT.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Michael L. Harvey 3/22/00 (561) 315-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/93)