

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90166 019 ****61.25

DOCUMENT # 706711

1. Entity Name

NEW BEGINNING CHRISTIAN CENTER, INC.

Principal Place of Business

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

Mailing Address

1111 S.W. 2ND AVE.
 DEERFIELD BEACH FL 33441
 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** ☐ Delete
 NAME **HARVEY, MICHAEL**
 STREET ADDRESS **9460 LISTOW TERR.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BANKS, JOHNNY**
 STREET ADDRESS **487 N.W. 3RD WAY**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GARCIA, KATIE MAE**
 STREET ADDRESS **710 N.E. 40TH ST.**
 CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **MILLER, PATRICIA A.**
 STREET ADDRESS **1119 MEADOWS CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **SD** ☒ Change ☐ Addition
 NAME **HARVEY, BESSIE L**
 STREET ADDRESS **9460 LISTOW TERRACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete
 NAME **BATTIE, LEROY**
 STREET ADDRESS **211 S.W. 3RD CT.**
 CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 President (904) 429-8311

CR2E037 (10/00)