

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90145 001 ****61.25

DOCUMENT # 716204

1. Entity Name

NEW BEGINNING BAPTIST CHURCH, INC.



Principal Place of Business

**404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133**

Mailing Address

**404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133**

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 **59-2411851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARRINGTON, DAVID
1128 DRIGGERS RD
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	☐ Delete
NAME	ARRINGTON, DAVID	
STREET ADDRESS	1128 DRIGGERS ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	☐ Delete
NAME	IMES, HOWARD	
STREET ADDRESS	609 CAREY PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TT	☐ Delete
NAME	IMES, TERESA	
STREET ADDRESS	609 CAREY PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	☐ Delete
NAME	CONNERS, THEODORE	
STREET ADDRESS	1104 S LINTAH AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

David Arrington
DAVID ARRINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

CR2E037 (10/02)