

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90186 032 ****61.25

DOCUMENT # N01000004741

1. Entity Name

NEW BEGINNING FAMILY FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

PO BOX 31
 TARPON SPRINGS FL 34688-0332

PO BOX 31
 TARPON SPRINGS FL 34688-0332

2. Principal Place of Business

531 Anclote Rd.

3. Mailing Address

P.O. Box 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

59-3737414

Applied For

Not Applicable

Zip

Country

34688 USA

Zip

Country

34688 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOULLIS, MARY L
276 KNOLLWOOD ROAD
TARPON SPRINGS FL 34688

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 **MARY Lou Houllis**

(NOTE: Registered Agent signature required when reinstating)

Mary Lou Houllis 1-24-02

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 | DP | <input type="checkbox"/> Delete |
| NAME | HOULLIS, MARY L | |
| STREET ADDRESS | 276 KNOLLWOOD ROAD | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34688 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | HADESTY, MARK | |
| STREET ADDRESS | 2718 OAK BEND COURT | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | YOUNG, SANDY | |
| STREET ADDRESS | 2338 TAHITIAN DRIVE | |
| CITY-ST-ZIP | HOLIDAY FL 34961 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| 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)(l), 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: **MARY Lou Houllis** **1-24-02** **727-934-8617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)