

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

3/3

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-03-2003 90956 031 ***61.25

DOCUMENT # N36389

1. Entity Name

NEW BEGINNINGS FREE METHODIST CHURCH, INC.



Principal Place of Business
**3104 SOUTH BRYAN ROAD
BRANDON FL 33511**

Mailing Address
**9425 BLIND PASS #301
SAINT PETERSBURG FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2990272**

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

**PANNELL, DONNA
2315 W BURKEST
TAMPA FL 33604**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDFORD, REV. BOB 11680 OAK AVE SEMINOLE FL 33772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, REV. HAROLD 13945 S 20TH ST DADE CITY FL 33525	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEELING, REV DONALD 9425 BLIND PASS RD #301 SAINT PETERSBURG FL 33706	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD1	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DONNA PANNELL 2315 W BURKEST TAMPA, FL 33604	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE EDWARD PANNELL 2315 W BURKE ST TAMPA, FLORIDA 33604	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE STEVE BELL 2204-26th AVE E. BRADGTON, FL 34208	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOSH FAJARDO 2765 ARMBURG TAMPA, FL 33614	☐ Change ☒ Addition

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:

SIGNATURE REQUIRED

Donna Pannell

3/18/03

**727
343-7747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)