

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004087

1. Entity Name

NEW BEGINNINGS CHRISTIAN ACADEMY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 010 ****61.25

Principal Place of Business
4381 NORTH STATE ROAD 7
FORT LAUDERDALE FL 33319
US

Mailing Address
P.O. BOX 8721
FORT LAUDERDALE FL 33310-8721
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0852906**
Applied For
Not Applicable

Zip Country Zip Country

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

DUPONT, VERNA
1119 NW 10TH TERRACE
FORT LAUDERDALE FL 33311-6135

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 *Verna Dupont*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 27 - 00

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	D	<input type="checkbox"/> Delete
NAME	MORROW, RUBY	
STREET ADDRESS	PO BOX 10244 N/A	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER DUPONT, JOAN	
STREET ADDRESS	120 N KEY ST	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, CATHERINE	
STREET ADDRESS	1001 NW 43 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPONT, VERNA	
STREET ADDRESS	1119 NW 10TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPORT, MICHAEL	
STREET ADDRESS	1119 NW 10TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135	
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	
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	
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: *Verna Dupont*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)