


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

FILED

03 MAY 27 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200019874922
05/27/03--01061--001 **\$1.25

DOCUMENT # 718624					
1. Entity Name THE NEWMAN EVANGELISTIC ASSOCIATION, INC.					
Principal Place of Business 300 WINTER PARK DRIVE SOMERSET, KY 42503 US			Mailing Address 300 WINTER PARK DRIVE SOMERSET, KY 42503 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1357352	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, L.K. 4506 S. FLORIDA AVENUE BOX 5964 LAKELAND, FL 33813			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, CHARLES R		NAME		
STREET ADDRESS	3300 S CHERRY		STREET ADDRESS		
CITY-ST-ZIP	PINE BLUFF, AR 71603		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, JIM		NAME		
STREET ADDRESS	1484 6TH ST NW		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, SANDRA G		NAME		
STREET ADDRESS	605 HIGDON #212		STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS, AR		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIVEY, C H		NAME		
STREET ADDRESS	208 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, SAM		NAME		
STREET ADDRESS	880 PIEDMONT DR. SE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, ALBERT		NAME		
STREET ADDRESS	810 E. BELLA VISTA		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		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: <i>Charles R. Newman</i> (CHARLES R. NEWMAN) 5/21/03 606-678-9750					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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