

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002313

1. Entity Name

NEW BEGINNINGS VISITATION, ADOPTION AND COUNSELING CENTER, INC.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90067 029 ****61.25

Principal Place of Business

810 GRACE AVENUE
PANAMA CITY FL 32401

Mailing Address

PO BOX 677
PANAMA CITY FL 32402
US

2. Principal Place of Business

810 Grace Ave., P.C., FL 32401

3. Mailing Address

P.O. Box 677, P.C. FL 32402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARMON, SANDRA T
125 PALM HARBOUR BLVD.
PANAMA CITY BEACH FL 32408

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2002

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

TITLE V
NAME DUBUISSON, PAULA J
STREET ADDRESS 703 KRISTANNA DRIVE
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE PM
NAME GARMON, SANDRA T
STREET ADDRESS 125 PALM HARBOUR BLVD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE ST
NAME GARMON, DONALD S
STREET ADDRESS 125 PALM HARBOUR BLVD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE D
NAME BRADSHAW, SHARON K
STREET ADDRESS 509 PLANTATION DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete

TITLE D
NAME HUGHES, PEGGY R
STREET ADDRESS 4487 ABINGDON DRIVE
CITY-ST-ZIP STONE MOUNTAIN GA 30083 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra T. Garmon 1-11-2002 (850) 913-9550

CR2E037 (9/01)