

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000002345

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** NEW BEGINNINGS CHURCH OF FREEPORT, INC.

**Current Principal Place of Business:**

1564 STATE HWY 20 WEST  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1022  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:** 52-2189228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, LINDA M S/T  
19 CYPRESS STREET  
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

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:** LINDA CAMPBELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** COOPER, JOHN  
**Address:** 114 OAKCREST DRIVE  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** D  
**Name:** MESSER, DON  
**Address:** 334 CITE C-6 ROAD  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** D  
**Name:** FARRIS, EDDIE  
**Address:** 790 C 83A WEST  
**City-St-Zip:** FREEPORT, FL 32439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LINDA CAMPBELL

ADM

03/19/2012

Electronic Signature of Signing Officer or Director

Date