

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90113 037 ****61.25

DOCUMENT # N00000002345

1. Entity Name

NEW BEGINNINGS CHURCH OF FREEPORT, INC.



Principal Place of Business

**1564 STATE HWY 20 WEST
FREEPORT FL 32439**

Mailing Address

**P O BOX 1022
FREEPORT FL 32439**

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 **52-2189228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUMBIE, JOANN
132 BEECH STREET
FREEPORT FL 34239**

7. Name and Address of New Registered Agent

Name **Barbara Nazaruk**

Street Address (P.O. Box Number is Not Acceptable)

303 35th Court

City **Panama City**

FL

Zip Code **32405**

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

Barbara Nazaruk

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

(NOTE: Registered Agent signature required when reinstating)

03/31/03

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

TITLE **D** ☒ Delete
NAME **BLIZZARD, DON**
STREET ADDRESS **2601 E BAY LOOP ROAD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ Delete
NAME **FARRIS, EDDIE**
STREET ADDRESS **790 W BAY LOOP ROAD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ Delete
NAME **MESSER, DON**
STREET ADDRESS **334 CITE C-6 ROAD**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Leroy Day**
STREET ADDRESS **153 Palm St.**
CITY-ST-ZIP **Freeport, FL. 32439**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Barbara Nazaruk **RED**

03/31/03

850/835-5111

CR2E037 (10/02)