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14 Jan 2001 352-237-2962

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Jan 24, 2001 8:00 am DOCUMENT # N00000002951 **Secretary of State** 1. Entity Name 01-24-2001 90031 001 ****61.25 NEW BEGINNINGS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 10345 G.W. 27TH AVE 10345 S.W. 27TH AVE OCALA FL 34476 OGALA-FL-34476 四:4498 PO BOX OCALA, FL 34478-4498 2. Principal Place of Business 3. Mailing Address PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CAMP, DENNIS D ESQ 2537 S.E. 17TH STREET **OCALA FL 34471** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Addition TITLE ☐ Change TITLE THOMPSON, JAY SR NAME NAME STREET ADDRESS STREET ADDRESS 9141 S.E. 197TH AVE CITY-ST-ZIE CITY-ST-7IP OCKLAWAHA FL 32179 SD ☐ Delete TITLE TITLE ☐ Change Addition BRAND, WILLIAM V NAME NAME STREET ADDRESS 9215 S.W. 34TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 TITLE ☐ Delete TITI E Change ☐ Addition NAME CANTER, CALVIN G NAME STREET ADDRESS 3841 S.W. 143RD LANE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34473** TITLE Delete ☐ Change ☐ Addition NAME BONWELL, A. STEVEN NAME STREET ADDRESS 9097 S.W. 32ND TERRACE STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition POSTON, WILLIAM B NAME NAME STREET ADDRESS STREET ADDRESS 3305 S.E. 112TH STREET CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUBOSE, BARBARA I NAME NAME STREET ADDRESS 3121 S.W. 97TH STREET #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 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