

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90285 044 ****61.25

DOCUMENT # N00000003464

1. Entity Name

NEW BEGINNINGS ROCK CHURCH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

15221 US HWY. 19
 HUDSON FL 34667

15221 US HWY. 19
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192957

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

7. Name and Address of New Registered Agent

HINES, ROBERT
15221 US HWY. 19
HUDSON FL 34667

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINES, ROBERT	
STREET ADDRESS	12116 SEELY LN.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HINES, MARGARET	
STREET ADDRESS	12116 SEELY AVE.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MULDERINK, TIMOTHY	
STREET ADDRESS	11259 LIBBY RD.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, JOHN C	
STREET ADDRESS	P.O. BOX 11291	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01

Date

Daytime Phone #

CR2E037 (10/00)