

2002 UNIFORM BUSINESS REPORT (UBR)

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

12306 S.R. 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

Zip

Country

34669-3060 USA

Zip

Country

4. FEI Number

59-3192957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

12306 S.R. 52

City

HUDSON

FL

Zip Code

34669-3060

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
NAME HINES, ROBERT
STREET ADDRESS 12116 SEELY LN.
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE VSD
NAME HINES, MARGARET
STREET ADDRESS 12116 SEELY AVE.
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE TD
NAME MULDERINK, TIMOTHY
STREET ADDRESS 11259 LIBBY RD.
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

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

TITLE D
NAME PRICE, JOHN C
STREET ADDRESS P.O. BOX 11291
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

President

4/18/02

Date

Daytime Phone #

CR2E037 (9/01)

0054518



DO NOT WRITE IN THIS SPACE