

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90127 032 ****61.25

DOCUMENT # N00000005159

1. Entity Name

NEW BEGINNING CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business

**1200 ALIBABA
OPA LOCKA FL 33055**

Mailing Address

**P. O. BOX 552339
OPA LOCKA FL 33055**

2. Principal Place of Business

3. Mailing Address

P.O. Box 552339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Opa Locka, Florida

Zip

Country

Zip

Country

33055

U.S.A.

4. FEI Number **65-1025526**

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

**MITCHELL, SHARON
10251 SW 20TH CT.
MIRAMAR FL 33025**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MITCHELL, SHARON**
STREET ADDRESS **10251 SW 20TH CT.**
CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **SD** ☐ Delete
NAME **COX, ANJANET**
STREET ADDRESS **3442 NW 194TH TERR.**
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE **D** ☐ Delete
NAME **WILCOX, WILLIE**
STREET ADDRESS **1360 COLLINS AVE.**
CITY-ST-ZIP **MIAMI BCH FL 33055**

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

TITLE **D** ☐ Delete
NAME **COLEMAN, CHRISTOPHER**
STREET ADDRESS **10251 SW 20TH CT.**
CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Sharon Mitchell** **RECEIVED** **L. Mitchell** **3-5-03** **305-373-7162**

CR2E037 (10/02)