

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90042 022 \*\*\*\*61.25

**DOCUMENT # N00000005230**

1. Entity Name

**NEW BEGINNING HOLINESS CHURCH, INC.**

Principal Place of Business

Mailing Address

5325 SHEPHERD ROAD  
 LAKELAND FL 33811

5325 SHEPHERD ROAD  
 LAKELAND FL 33811

2. Principal Place of Business

5325 Shepherd Rd

Suite, Apt. #, etc.

3. Mailing Address

5325 Shepherd Rd

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3662118

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

**BAGGETT, TIMOTHY**  
**6314 HATCHER ROAD**  
**LAKELAND FL 33811**

Name  
**Timothy Baggett**

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

**6314 Hatcher Rd**

City  
**Lakeland,**

**FL**

Zip Code  
**33811**

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

*Timothy I. Baggett*

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

(NOTE: Registered Agent signature required when reinstating)

**2-12-01**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BAGGETT, TIMOTHY**  
 CITY-ST-ZIP **6314 HATCHER ROAD**  
**LAKELAND FL 33811**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BOYETTE, JOHNNY**  
 CITY-ST-ZIP **PO BOX 316**  
**BRADLEY FL 33835**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MASON, LESLIE**  
 CITY-ST-ZIP **1406 NORTH GALLOWAY ROAD**  
**LAKELAND FL 33810**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PRIDGEN, RUSSELL**  
 CITY-ST-ZIP **3420 ESPO DRIVE**  
**MULBERRY FL 33860**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STEPHENS, ROBERT**  
 CITY-ST-ZIP **5325 SHEPHERD ROAD**  
**LAKELAND FL 33811**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

*Timothy I. Baggett*

**2-28-01**

**863-701-7532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)