

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90021 023 \*\*\*\*61.25

0081756

**DOCUMENT # N00000005230**

1. Entity Name

**NEW BEGINNING HOLINESS CHURCH, INC.**

Principal Place of Business

**5325 SHEPHERD ROAD  
 LAKELAND FL 33881**

Mailing Address

**5325 SHEPHERD ROAD  
 LAKELAND FL 33881**

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

Zip  
**33811**

Country  
**Polk**

Zip  
**33811**

Country  
**Polk**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAGGETT, TIMOTHY  
 6314 HATCHER ROAD  
 LAKELAND FL 33881**

7. Name and Address of New Registered Agent

Name

**Timothy E Baggett Sr.**

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 E Baggett Sr.*

**Timothy E Baggett Sr. / Secretary/Treasurer 02/25/02**

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **D Timothy E Baggett Sr.**  
 STREET ADDRESS **6314 Hatcher Rd**  
 CITY-ST-ZIP **Lakeland, FL 33811**

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 **D Ronnie G Faulkner**  
 STREET ADDRESS **5325 Shepherd Rd**  
 CITY-ST-ZIP **Lakeland, FL 33811**

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:

*Timothy E Baggett Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy E Baggett Sr.**

**02/25/02 (863) 701-7532**

Date

Daytime Phone #

CR2E037 (9/01)