

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007201

1. Entity Name

NEW BEGINNING CHURCH, INC.

Principal Place of Business

4142 SUNSET DR.  
ZOLFO SPRINGS FL 33890

Mailing Address

4142 SUNSET DR.  
ZOLFO SPRINGS FL 33890

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

59-3190169

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

ABLES, CLIFFORD M III  
551 S. COMMERCE AVE.  
SEBRING FL 33870-3869

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CRIDER, TOM	310 PENNSYLVANIA AVE. WAUCHULA FL 33873	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ADAMS, RICHARD	4098 SUNSET DR. ZOLFO SPRINGS FL 33890	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ADAMS, JIM	2490 MORGAN RD. ZOLFO SPRINGS FL 33890	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 863-7350555

CR2E037 (10/00)

0067962

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90025 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE