

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90074 017 \*\*\*\*61.25

**DOCUMENT # N00000007201**

1. Entity Name

**NEW BEGINNING CHURCH, INC.**

Principal Place of Business

Mailing Address

**4142 SUNSET DR.  
 ZOLFO SPRINGS FL 33890**

**4142 SUNSET DR.  
 ZOLFO SPRINGS FL 33890**

2. Principal Place of Business

**4142 Sunset Drive**

3. Mailing Address

**4142 Sunset Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Zolfo Springs, FL**

City & State

**Zolfo Springs, FL**

Zip

**33890**

Country

**USA**

Zip

**33890**

Country

**USA**

4. FEI Number

**59-3690169**

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 **D** ☐ Delete  
 NAME **CRIDER, TOM**  
 STREET ADDRESS **310 PENNSYLVANIA AVE.**  
 CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE **D** ☐ Delete  
 NAME **ADAMS, RICHARD**  
 STREET ADDRESS **4098 SUNSET DR.**  
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

TITLE **D** ☐ Delete  
 NAME **ADAMS, JIM**  
 STREET ADDRESS **2490 MORGAN RD.**  
 CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02 863-735-0555**

Date

Daytime Phone #

CR2E037 (9/01)