

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**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



07072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 rehashing)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000166733

07-16-04-00000-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CRIDER, TOM
STREET ADDRESS	310 PENNSYLVANIA AVE.
CITY - ST - ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	ADAMS, RICHARD
STREET ADDRESS	4098 SUNSET DR.
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	ADAMS, JIM
STREET ADDRESS	2490 MORGAN RD.
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*James E. Adams Sr.* James E. Adams Sr.

7-15-04

863-735-1379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #