

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001268

1. Entity Name

THE NEW BEGINNING CHRISTIAN FELLOWSHIP ASSEMBLY, INC.

Principal Place of Business

Mailing Address

601 ESTES RD
JACKSONVILLE FL 32208

601 ESTES RD
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

2059-3571580

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	PVST	<input type="checkbox"/> Delete
NAME	MONROE, BETTY L	
STREET ADDRESS	601 ESTES RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	(D) Melissa Monroe	<input type="checkbox"/> Delete
NAME	601 Estes Rd	
STREET ADDRESS	Jax, Fl 32208	
CITY-ST-ZIP		
TITLE	(D) Marie Bragg	<input type="checkbox"/> Delete
NAME	601 Estes Rd.	
STREET ADDRESS	Jax, Fl 32208	
CITY-ST-ZIP		
TITLE	(D) Brisha Simmons	<input type="checkbox"/> Delete
NAME	601 Estes Rd.	
STREET ADDRESS	Jax, Fl 32208	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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:

Betty L. Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 4, 2002

Date

Daytime Phone #

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-17-2002 90126 037 ****70.00

40796



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)