

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001454

1. Entity Name

NEW BEGINNING LIFE AND PRAISE PENTECOSTAL HOLINE  
SS CHURCH, INC.

Principal Place of Business

4349 STATE HIGHWAY 71  
WEWAHITCHKA FL 32465

Mailing Address

POST OFFICE BOX 761  
WEWAHITCHKA FL 32465

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

59-3209759

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

MILLER, ROBERT G

4349 HIGHWAY 71

POST OFFICE BOX 761

WEWAHITCHKA FL 32465

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 date 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	DP	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT G	
STREET ADDRESS	238 KRAFT AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REDMON, BROOKS	
STREET ADDRESS	POST OFFICE BOX 875	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCKNIGHT, LINDA	
STREET ADDRESS	6051 GANLEY ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 such address, with all the power to be empowered.

SIGNATURE: *Resignation*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-02

Date

850-822-1380

Daytime Phone #

FILED  
Aug 01, 2002 8:00 am  
Secretary of State

07-17-2002 90141 036 \*\*\*61.25

40353



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)