2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## **FILED** Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # N01000001454 1. Entity Name NEW BEGINNING LIFE AND PRAISE PENTECOSTAL HOLINESS CHURCH, INC. Principal Place of Business Mailing Address 4349 STATE HIGHWAY 71 POST OFFICE BOX 761 WEWAHITCHKA FL 32465 WEWAHITCHKA FL 32465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3709759 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 4349 HIGHWAY 71 POST OFFICE BOX 761 WEWAHITCHKA FL 32465 City 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 reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition MILLER, ROBERT G NAME NAME U00000067167 02/26/04-80044-022 61.25 238 KRAFT AVENUE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition REDMON, BROOKS NAME NAME POST OFFICE BOX 875 STREET ADDRESS STREET ADDRESS WEWAHITCHKA FL 32465 CITY - ST- ZIP CITY-ST-ZIP DST TITLE ☐ Delete TITLE Change Addition MCKNIGHT, LINDA NAME NAME 6051 GANLEY ROAD STREET ADDRESS STREET ADDRESS WEWAHITCHKA FL 32465 CMY+ST-ZIP CITY-ST-ZIP TITE F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

2- 25 04- 850-872-/380
Date Date Phone #