

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90122 010 *****61.25

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 **59-3709759**

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 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
Florida 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)(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: *Robert G. Miller* *4-9-03* *850-822-1380*

CR2E037 (10/02)