2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001596

NEW BEGINNING CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

Suite, Apt. #, etc.

City & State

PO BOX 12115 4106 BROADWAY LAKE PARK FL 33403 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address

FILED Jul 10, 2002 8:00 am Secretary of State

07-10-2002 90181 046 ****69.00



DO NOT WRITE IN THIS SPACE

Applied For

City & State		Ony a onato		65-100717	72 Not Applicable		
Zip Country		Zip Country		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			
		<u> </u>	Name		•		
JERNIGAN, MAI			Street Addre	ess (P.O. Box Number is Not Acceptable)	·		
1601 W. 37TH : Riviera Beach	-		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 reinstating)

大は大学 ですしょうし

معتسيد والتواع والمراد المراوي المادي المرادي المرادية After September 13, 2002, min, will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number

Make Check Payable to Department of State

10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1601 W. 3	DEBROSSE 7 TH. #3 R	□ Change	Addition 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete		T-Linda Whi- 1021 w:33Rd Riviera Bch		☐ Change	△ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- Thomas	45 WAST	Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		and the second s	:Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition		

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

CITY-ST-ZIP