

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 049 ****61.25

DOCUMENT # NO1000008463

1. Entity Name

NEW BIRTH FELLOWSHIP INC.

Principal Place of Business

**1045 US HWY 90 EAST
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**PO BOX 73
 DEFUNIAK SPRINGS FL 32433-0073**

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

EIN-75-2994105

☒ 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

**BEACH, HENRY PASTOR
 111 W CHAFFIN AVE
 DEFUNIAK SPRINGS FL 32433**

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.

SIGNATURE

PASTOR HENRY BEACH

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BEACH, HENRY PASTOR**
 STREET ADDRESS **111 W CHAFFIN AVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☒ Delete
 NAME **BEACH, WILLIAM PASTOR**
 STREET ADDRESS **950 E NELSON AVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☒ Change ☐ Addition
 NAME **Vernon Williams**
 STREET ADDRESS **515 Dorsey Ave**
 CITY-ST-ZIP **Defuniak Springs, FL 32433**

TITLE **DT** ☐ Delete
 NAME **HOLMES, TONIE**
 STREET ADDRESS **285 VANN AVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BEACH, TERESA**
 STREET ADDRESS **950 E NELSON AVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **RS** ☒ Change ☐ Addition
 NAME **Renee Campbell**
 STREET ADDRESS **1237 N. 20th Street**
 CITY-ST-ZIP **Defuniak Springs, FL 32433**

TITLE **DS** ☐ Delete
 NAME **HOWARD, CINDY**
 STREET ADDRESS **240 QUEBEC AVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

HENRY BEACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

892-5439

4-26-02 850-892-5439

CR2E037 (9/01)