

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90224 025 \*\*\*\*61.25

**DOCUMENT # N02000001269**

1. Entity Name

**NEW BEGINNING CHRISTIAN FELLOWSHIP, INC.**



Principal Place of Business

**P.O. BOX 1392  
TAVARES FL 32778**

Mailing Address

**P.O. BOX 1392  
TAVARES FL 32778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**03-0407684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOLUB, MICHAEL E  
418 W. ALFRED STREET  
STE 1  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
NAME **BRISTER, JACK**  
STREET ADDRESS **252 ARDUCE AVENUE #201**  
CITY-ST-ZIP **EUSTIS, FL 32728**

TITLE **D** ☐ Delete  
NAME **HEDGE, ROBERT L**  
STREET ADDRESS **P.O. BOX 350036**  
CITY-ST-ZIP **GRAND ISLAND FL 32735**

TITLE **D** ☐ Delete  
NAME **MCMILLAN, WAYNE**  
STREET ADDRESS **1160 LAKE DORA DRIVE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ Delete  
NAME **RYAN, ROBERT D SR**  
STREET ADDRESS **506 E. GOTTSCHKE AVENUE**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☒ Delete  
NAME **RYAN, ROBERT D JR.**  
STREET ADDRESS **1107 SPRUCE COURT**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☒ Delete  
NAME **STOOTHOFF, BRETT**  
STREET ADDRESS **30911 VISTA VIEW**  
CITY-ST-ZIP **MT. DORA FL 32757**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **JOHN BOGUE**  
STREET ADDRESS **1697 BANNING BEACH RD**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☒ Addition  
NAME **CHARLES E FOX**  
STREET ADDRESS **221 OAKSHADE DR**  
CITY-ST-ZIP **MT DORA FL 32757**

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: WAYNE MCMILLAN *Wayne M McMillan* 1-19-03 352-3434309

CR2E037 (10/02)