

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90126 031 \*\*\*\*61.25

**DOCUMENT # N02000006136**

1. Entity Name  
**NEW BEGINNING LIGHTHOUSE OF PRAYER, INC.**



Principal Place of Business

**102 BROWNLEE ST  
STARKE FL 32091**

Mailing Address

**P.O. BOX 353  
STARKE FL 32091**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**38-0049931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARDY, DUDLEY P  
403 E GEORGIA ST  
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name **SYLVIA JEFFERSON**

Street Address (P.O. Box Number is Not Acceptable)

**375 DAVIS ST**

City **STARKE FL**

Zip Code **32091**

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 **SYLVIA JEFFERSON**

**4-7-03**

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	PD	<input type="checkbox"/> Delete
NAME	JEFFERSON, SYLVIA	
STREET ADDRESS	375 DAVIS ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, PAMELA	
STREET ADDRESS	1395 COVINGTON LN	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EILAND, LEARANTINE	
STREET ADDRESS	1231 HARLEY CIR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERSON, RAMONA	
STREET ADDRESS	900 CLARK ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SYLVIA JEFFERSON** REQUIRED

**4-7-03 904-368-0257**

CR2E037 (10/02)