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

FILED
Sep 11, 2003 8:00 am
Secretary of State
09-11-2003 90176 001 *****8.75
09-11-2003 90176 002 ****61.25

DOCUMENT # N02000006203

1. Entity Name

New Beginning Healing Ministry, Inc.

55056424

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1354 N Laura St.	5812 Tampico Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville Fl
Zip: 32206 Country: Duval	Zip: 32244 Country: Duval

4. FEI Number: 59-3569644 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Titus / Sephronia Hutchinson

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

5812 Tampico Rd

City: Jacksonville FL Zip Code: 32244

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: Titus L. Hutchinson Founder/Apostle 9-9-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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: Apostle/Owner, Founder	TITLE:
NAME: Hutchinson, Titus L. SR	NAME:
STREET ADDRESS: 5812 Tampico Rd	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville Fl 32244	CITY-ST-ZIP:
TITLE: Senior Pastor/Clerk	TITLE:
NAME: Hutchinson, Saphronia	NAME:
STREET ADDRESS: 5812 Tampico Rd	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville Fl 32244	CITY-ST-ZIP:
TITLE: Pastor	TITLE:
NAME: Doles, Carl	NAME:
STREET ADDRESS: 4625 Cape Elizabeth Ct E	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, Fl 32277	CITY-ST-ZIP:
TITLE: Financial Secretary	TITLE:
NAME: Doles, Jackie	NAME:
STREET ADDRESS: 4625 Cape Elizabeth Ct E	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, Fl 32277	CITY-ST-ZIP:
TITLE: Head Deacon	TITLE:
NAME: Hutchinson, Deavayne	NAME:
STREET ADDRESS: 3959 Sereno court	STREET ADDRESS:
CITY-ST-ZIP: Middleburg, Fl 32068	CITY-ST-ZIP:
TITLE: Propheteess	TITLE:
NAME: Hutchinson, LaTanya	NAME:
STREET ADDRESS: 3959 Sereno Court	STREET ADDRESS:
CITY-ST-ZIP: Middleburg, Fl 32068	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 9-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

5505e424

#N02000006203

Additional Officer

Deacon
Miller, Willie
4144 Lexington Ave
Jacksonville Fl 32210