

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90111 028 ****61.25

DOCUMENT # N02000008705

1. Entity Name
NEW BEGINNINGS MINISTRIES OF JACKSONVILLE, INC.



Principal Place of Business
**1656 W EDGEWOOD AVE
JACKSONVILLE FL 32244**

Mailing Address
**6092 CHANNEL COURT
JACKSONVILLE FL 32244**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLEY-WILLIAMS, JEAN	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHN, VANESSA M	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, BARBARA A	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAWK, MICHAEL J DR	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAWK, AARON L	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWK, DELORES R	
STREET ADDRESS	1656 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hawk, Sherry	
STREET ADDRESS	1656 W. Edgewood Ave.	
CITY-ST-ZIP	Jacksonville, FL 32208	
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: SIGNATURE REQUIRED 21 Aug 03

CR2E037 (4/03)