

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N06735**

1. Entity Name

THE NEWBORN PENTECOSTAL CHURCH, INC.

Principal Place of Business

3122 SR 574

PLANT CITY
33567

FL

Mailing Address

3122 SR 574

PLANT CITY
33567

FL

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

31-1085113

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, HOMER

3122 SR 574

PLANT CITY

33567

FL

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.

SIGNATURE

02/01/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	DVS	<input type="checkbox"/> Delete	TITLE	DVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CAROLYN S.		NAME	SMITH, CAROLYN S.		
STREET ADDRESS	3122 SR 574		STREET ADDRESS	3122 SR 574		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKARD, MARY		NAME	LOCKARD, MARY		
STREET ADDRESS	1310 W RISK ST		STREET ADDRESS	1310 W RISK ST		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, HOMER		NAME	SMITH, HOMER		
STREET ADDRESS	3122 SR 574		STREET ADDRESS	3122 SR 574		
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(f), 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: Homer Smith**D****02/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)