

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2001 8:00 am
Secretary of State

05-04-2001 90162 012 ****61.25

DOCUMENT # N36389

1. Entity Name

NEW BEGINNINGS FREE METHODIST CHURCH, INC.

Principal Place of Business

3104 SOUTH BRYAN ROAD
BRANDON FL 33511

Mailing Address

3104 SOUTH BRYAN ROAD
BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9425 BLIND PASS #301

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETE BEACH, FL

4. FEI Number

59-2990272

Applied For

Not Applicable

Zip

Country

Zip

33706

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JALO, JACK
3612 OVERSTREET LANE
VALRICO FL 33594-8002

7. Name and Address of New Registered Agent

Name DONNA PANNELL

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

2315 W BURKE ST

City TAMPA

FL

Zip Code

33604

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

Donna Pannell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

TITLE	TRT	<input checked="" type="checkbox"/> Delete
NAME	JALO, JACK	
STREET ADDRESS	3612 OVERSTREET LANE	
CITY-ST-ZIP	VALRICO FL 33594-8002	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	SAWADE, REV. RONALD	
STREET ADDRESS	3104 S BRYAN RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	VORDERMARK, JEFFREY	
STREET ADDRESS	3905 BRAUN WAY	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	REV.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB BEDFORD	
STREET ADDRESS	11680 OAK AVE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV HAROLD FISHER	
STREET ADDRESS	13945 S. 20th ST	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV DONALD KEELING	
STREET ADDRESS	9425 BLIND PASS RD #301	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
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:

Donna Pannell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

367-2562

Daytime Phone #

CR2037 (10/00)