

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37933

1. Entity Name

A NEW BEGINNING TABERNACLE INC.

01-19-2000 90267 037 *****70:00
N37933

FILED

00 JUL 31 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4195-54TH AVE. NORTH
ST. PETERSBURG FL 33714
US

Mailing Address

4195-54TH AVE. NORTH
ST. PETERSBURG FL 33714-2251
US

2. Principal Place of Business

P.O. Box 61471

3. Mailing Address

P.O. Box 61471

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number

59-3003870

Applied For

Not Applicable

Zip 33784

Country USA

Zip 33784

Country USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAYERS, MOLLY S
4418 YARDLEY AVE. N.
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name STACY D. NELSON

Street Address (P.O. Box Number, if Not Acceptable) 5462 61st St N

City ST. PETERSBURG FL Zip Code 33709

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME NELSON, ANDREW
STREET ADDRESS 4195-54TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☒ Delete

TITLE DP
NAME RONK, CAROLYN
STREET ADDRESS 4418 YARDLEY AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33913 ☒ Delete

TITLE VP
NAME NELSON, CAROLYN
STREET ADDRESS 4195-54TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☒ Delete

TITLE DAP
NAME SCOTT, GRADY
STREET ADDRESS 5436 40TH STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33914 ☒ Delete

TITLE ST
NAME RONK, BEARL
STREET ADDRESS 4418 YARDLEY AVE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME MICHAEL NELSON
STREET ADDRESS 5462 61st St N
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME CAROL CUTLER
STREET ADDRESS 11905 MISSION CTR #408.
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Change ☒ Addition

TITLE DST
NAME STACY D. NELSON
STREET ADDRESS 5462 61st St N
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (727) 215-0068

Date

Daytime Phone #

CR2E037 (9/99)

KE