

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38218

1. Entity Name

NEW BEGINNINGS-AN OUTREACH MINISTRY OF FLORIDA,

Principal Place of Business

Mailing Address

9297 86TH WAY NORTH  
C/O WALTER F. LACY PH.D.  
LARGO FL 34647

9297 86TH WAY NORTH  
C/O WALTER F. LACY PH.D.  
LARGO FL 33777-3217

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

59-3086359

Applied For

Not Applicable

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

LACY, WALTER F.  
9297 86TH WAY NORTH  
LARGO FL 33777

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME LACY, WALTER F.  
STREET ADDRESS 9297 86TH WAY NORTH  
CITY-ST-ZIP LARGO FL

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

TITLE D ☐ Delete  
NAME MAYHANAGIAN, ELIZABETH  
STREET ADDRESS 5437 LARCHMONT COURT  
CITY-ST-ZIP PINELLAS PARK FL

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

TITLE D ☐ Delete  
NAME GREGG, KATHLEEN  
STREET ADDRESS 2018 48TH TERRACE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Walter F. Lacy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000

Date

727-392-7084

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)