

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46737

1. Entity Name

NEW START MINISTRIES OF ELLENTON, INC.

Principal Place of Business

13 MEADOW CIR
ELLENTON FL 34222
US

Mailing Address

13 MEADOW CIRCLE
ELLENTON FL 34222

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 65-0308929

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

GRAGG, LAWRENCE B.
13 MEADOW CIR
ELLENTON FL 34222

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	GRAGG, LAWRENCE B.	
STREET ADDRESS	13 MEADOW CIR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BAKER, MICHAEL	
STREET ADDRESS	4311 5TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	GRAGG, BETTY	
STREET ADDRESS	13 MEADOW CIR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, DON	
STREET ADDRESS	1804 45TH STREET CT EAST	
CITY-ST-ZIP	BRADENTON FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dr Bruce Stacker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 New Start	
STREET ADDRESS	13 meadow Cir. Ellenton FL 34222	
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		
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:

Lawrence B. Gragg Pres Lawrence B Gragg 4/20/01

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90368 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)