

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N49244**

1. Entity Name

**NEW BEGINNINGS CHRISTIAN CENTER MINISTRIES, INC.**

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90036 028 \*\*\*\*61.25

Principal Place of Business 4381 NORTH S.R. 7 LAUDERDALE LAKES FL 33319 US	Mailing Address P.O. BOX 8721 FT. LAUDERDALE FL 33310-8721 US
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DO NOT WRITE IN THIS SPACE

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 <b>65-0333041</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DUPONT, MICHAEL**  
**1119 NW 10TH TERRACE**  
**FT LAUDERDALE FL 33311**

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 *Michael Dupont* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 27 00*

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCPUNE</b>	
STREET ADDRESS	<b>2111 BRANDY WINE</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MORROW, RUBY</b>	
STREET ADDRESS	<b>PO BOX 10244 NA</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, CATHERINE</b>	
STREET ADDRESS	<b>1001 NW 43 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DUPONT, MICHEAL</b>	
STREET ADDRESS	<b>1119 NW 10TH TER</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DUPONT, VERNA</b>	
STREET ADDRESS	<b>1119 NW 10TH TER</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
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		<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: *Michael Dupont* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *Jan 27 00* 954 735 1556 Daytime Phone #

CR2F037 (9/99)