

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/24/02 41361-001-45002

**DOCUMENT # N49244**  
 1. Entity Name  
**NEW BEGINNINGS CHRISTIAN CENTER MINISTRIES, INC.**

**FILED**

02 JUN 21 PM 2:27

Principal Place of Business      Mailing Address  
 4301 NORTH S.R. 7      P.O. BOX 8724  
 LAUDERDALE LAKES FL 33319      FT. LAUDERDALE FL 33310  
 US      US

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 1845 North State AVE      1845 NW 30th ave  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Lauderhill Fla.      Lauderhill Fla.  
 Zip      Zip  
 33319      33319  
 Country      Country

4. FEI Number      Applied For  
 65-0333041      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

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: **Michael Dupont**  
 Street Address (P.O. Box Number is Not Acceptable):  
**12450 NW 52 ct**  
 City: **Coral Springs**      FL      Zip Code: **33076**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 FILE NOW: FEE IS \$61.25      Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---------------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>D</b><br><b>MCPUNE</b><br><b>2111 BRANDY WINE</b><br><b>WEST PALM BCH FL</b>          | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>D</b><br><b>Joan Baker Dupont</b><br><b>120 N Key ST</b><br><b>QUINCY FL 32351</b>       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>TD</b><br><b>MORROW, RUBY</b><br><b>PO BOX 10244 NA</b><br><b>RIVERA BEACH FL</b>     | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>D</b><br><b>BOWMAN, CATHERINE</b><br><b>1001 NW 43 ST</b><br><b>MIAMI FL</b>          | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>V</b><br><b>DUPONT, MICHAEL</b><br><b>1119 NW 10TH TER</b><br><b>FT LAUDERDALE FL</b> | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>D</b><br><b>Michael Dupont</b><br><b>12450 NW 52 ct</b><br><b>Coral Springs FL 33076</b> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>P</b><br><b>DUPONT, VERNA</b><br><b>1119 NW 10TH TER</b><br><b>FT LAUDERDALE FL</b>   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>P</b><br><b>VERNA Dupont</b><br><b>12450 NW 52 ct</b><br><b>Coral Springs FL 33076</b>   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | TITLE 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.

CR2E037 (9/01)