

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002033**

1. Entity Name

**CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRI****FILED****Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90028 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1412 COLUMBUS AVENUE  
LEHIGH ACRES FL 33936****1412 COLUMBUS AVENUE  
LEHIGH ACRES FL 33972-2538**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0407417**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****OUTLAW, CHRISTINE REV.  
2531 CHARLESTON PARK DRIVE  
ALVA FL 33920**

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTLAW, CHRISTINE	NAME	
STREET ADDRESS	2531 CHARLESTON PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTLAW, L.B.	NAME	
STREET ADDRESS	2531 CHARLESTON PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	NAME	
STREET ADDRESS	3725 6TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MICHELLE	NAME	
STREET ADDRESS	3725 6TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUTLAW, WINDFORD	NAME	
STREET ADDRESS	1412 COLUMBUS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Christine Outlaw **Christine Outlaw 2-8-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)