

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2002 8:00 am
Secretary of State

03-13-2002 90100 036 ****61.25

DOCUMENT # N93000002033

1. Entity Name

CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRIES, INC.

Principal Place of Business

**1412 COLUMBUS AVENUE
LEHIGH ACRES FL 33936**

Mailing Address

**1412 COLUMBUS AVENUE
LEHIGH ACRES FL 33936**

2. Principal Place of Business

3347 Fowler Street
Suite, Apt. #, etc.

3. Mailing Address

1412 Columbus Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers Fl.

City & State

Lehigh Acres Fl.

4. FEI Number

65-0407417

Applied For

Not Applicable

Zip

33901

Country

Zip

33472

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OUTLAW, CHRISTINE REV.
2531 CHARLESTON PARK DRIVE
ALVA FL 33920**

7. Name and Address of New Registered Agent

Name **Windford Outlaw**

Street Address (P.O. Box Number is Not Acceptable)

1412 Columbus Ave

City **Lehigh Acres**

FL

Zip Code **33972**

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

Windford Outlaw

Signature, typed or printed name of registered agent and title if applicable.

Windford Outlaw

(NOTE: Registered Agent signature required when reinstating)

4-01/02

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 **PD** ☐ Delete
NAME **OUTLAW, CHRISTINE**
STREET ADDRESS **2531 CHARLESTON PARK DRIVE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **VD** ☐ Delete
NAME **OUTLAW, L.B.**
STREET ADDRESS **2531 CHARLESTON PARK DRIVE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE **VD** ☐ Delete
NAME **WILLIAMS, BARBARA**
STREET ADDRESS **3725 6TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **SD** ☐ Delete
NAME **WILLIAMS, MICHELLE**
STREET ADDRESS **3725 6TH STREET WEST**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **TD** ☐ Delete
NAME **OUTLAW, WINDFORD**
STREET ADDRESS **1412 COLUMBUS AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **Windford Outlaw**
STREET ADDRESS **1412 Columbus Ave.**
CITY-ST-ZIP **Lehigh Acres Fl. 33972**

TITLE **TD** ☐ Change ☐ Addition
NAME **Christine Outlaw**
STREET ADDRESS **2531 Charleston Park Drive**
CITY-ST-ZIP **Alva Fla. 33920**

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

TITLE **SD** ☐ Change ☐ Addition
NAME **Outlaw Michelle**
STREET ADDRESS **3725 6th Street West**
CITY-ST-ZIP **Lehigh Acres Fl. 33971**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Windford Outlaw**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23/02

Date

**Office (941) 277-1133
Home (941) 368-0257**

Daytime Phone #

CR2E037 (9/01)