

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 27, 2003 8:00 am
Secretary of State

02-13-2003 90269 023 ****61.25

DOCUMENT # N93000002124



1. Entity Name
CHI ALPHA/NEW BEGINNINGS CHRISTIAN FELLOWSHIP IN C.

Principal Place of Business
**CHI ALPHA-U OF MIAMI
P.O. BOX 248508 UNIV. OF MIAMI
CORAL GABLES FL 33124
US**

Mailing Address
**10249 SW 59TH STREET
COOPER CITY FL 33328
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0413696		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LORTIE, JOSEPH 10249 SW 59TH STREET COOPER CITY FL 33328				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

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	LORTIE, JOSEPH		NAME		
STREET ADDRESS	10249 SW 59TH STREET		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	THAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORTIE, DONNA		NAME		
STREET ADDRESS	10249 SW 59TH STREET		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	THAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DENNIS		NAME		
STREET ADDRESS	22801 VISTA WOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	THAT IDELLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERINE, RICHARD A		NAME		
STREET ADDRESS	161 S ELM AVE		STREET ADDRESS	7436 SW 56TH AVE #4	
CITY-ST-ZIP	PAHOKEE FL 33476		CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
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		
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: [Signature] **REQUIRED** Date: 1/31/03 305-742-5442 Daytime Phone #

CR2E037 (10/02)