

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002795

1. Entity Name

NEW BEGINNINGS CHURCH, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90129 025 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 412 W HWY 90 CRESTVIEW FL 32536	Mailing Address P.O. BOX 627 CRESTVIEW FL 32536-0627 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-3188775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, JAMES R
 110 DOGWOOD LANE
 CRESTVIEW FL 32536

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 James R. Smith President 4/23/00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES R	
STREET ADDRESS	110 DOGWOOD LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, CHARLES M	
STREET ADDRESS	5824 LAURELWOOD DRIVE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASZAK, SUZANNE	
STREET ADDRESS	2906 AIRPORT ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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: James R. Smith 4/23/00 850 (682-7846)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)