

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90250 045 \*\*\*\*61.25

**DOCUMENT # N93000002795**



1. Entity Name  
**NEW BEGINNINGS CHURCH, INC.**

Principal Place of Business

**412 W HWY 90  
CRESTVIEW FL 32536**

Mailing Address

**P.O. BOX 627  
CRESTVIEW FL 32536-0627  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3188775**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRETT, RALPH D.  
3265 ANDY LANE  
CRESTVIEW FL 32539**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARRETT, RALPH D</b>	
STREET ADDRESS	<b>3265 ANDY LANE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRITT, ROBERT E</b>	
STREET ADDRESS	<b>5301 MERRITT DRIVE</b>	
CITY-ST-ZIP	<b>BAKER FL 32531</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, DONNA</b>	
STREET ADDRESS	<b>5417-B MALCOLM TUCKER</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIG [Signature]**

CR2E037 (10/02)