

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005248

1. Entity Name

A MISSION WITH A NEW BEGINNING CHURCH, INC.

Principal Place of Business

Mailing Address

8745 NW 22 AVENUE
MIAMI FL 33147
US

1474 NW 83RD TERRACE
MIAMI FL 33147-5265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0561899

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

STANTON, FRED R
1111 LINCOLN ROAD MALL STE. 500
MIAMI BEACH FL 33139

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JOYNER, EUGENE C/O 1474 NW 83RD TERRACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOYNER, CALVIN C/O 1474 NW 83RD TERRACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRIDGE, JOE C/O 1474 NW 83RD TERRACE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JOYNER-FRANKLIN C/O 1474 N.W. 83RD TER. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-2000

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90119 010 ****61.25

100101



DO NOT WRITE IN THIS SPACE