

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000489

1. Entity Name

NEW BEGINNING MISSIONARY BAPTIST CHURCH OF POMPA

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90030 001 ****61.25

Principal Place of Business

Mailing Address

1400 N.W. 18TH ST.
NEW BEGINNING M.B.C.
POMPANO BEACH FL 33069
US

2720 SOMERSET DR #W107
FT LAUDERDALE FL 33311-9414
US

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

65-0543637

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

BELL, REV. W.C.
3430 N.W. 2ND ST.
FT. LAUDERDALE FL 33311

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME ATKINS, REV. HOOVER
STREET ADDRESS 2720 SOMMERSET DR., #W-7
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE SD ☐ Delete

NAME THOMPSON, WILLIE MAE
STREET ADDRESS 113 N.W. 7TH CT.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE TD ☐ Delete

NAME MADISON, MAUDE
STREET ADDRESS 490 N.W. 3RD AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

W. C. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)