

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002651 (6)

1. Corporation Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC



Principal Place of Business

**820 CHICAGO AVE.
OCOE FL 34761**

Mailing Address

**820 CHICAGO AVE.
OCOE FL 34761**

3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
NA

2. Principal Place of Business

21 3625 Bonnie Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 3625 Bonnie Dr.

Suite, Apt. #, etc.

22

City & State

23 Apopka FL

Zip

24 32703

Country

25 Seminole

City & State

28 Apopka FL

Zip

29 32703

Country

30 Seminole

4. FEI Number

59-3323066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KAZMIER, GREGORY R
820 CHICAGO AVE.
OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

X Gregory R. Kazmier

Signature, type or printed name of registered agent and title if applicable

(NOTE: Signature, typed name and title are required when reinstating)

4/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KAZMIER, GREGORY R**
STREET ADDRESS **820 CHICAGO AVE.**
CITY - ST - ZIP **OCOE FL 34761**

TITLE **D** ☐ DELETE
NAME **KAZMIER, POLLY**
STREET ADDRESS **820 CHICAGO AVE.**
CITY - ST - ZIP **OCOE FL 34761**

TITLE **D** ☐ DELETE
NAME **SHEPPARD, JUDY**
STREET ADDRESS **820 CHICAGO AVE.**
CITY - ST - ZIP **OCOE FL 34761**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**3625 Bonnie Drive
Apopka, FL 32703**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**3625 Bonnie Drive
Apopka, FL 32703**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**3625 Bonnie Drive
Apopka, FL 32703**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407-786-0338

DATE

Daytime Phone #

CR2E037 (12/95)