1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002651

1. Corporation Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC

•					
Principal Plac	Mailing Address				
3625 BONNIE DR		3625 BONNIE DR			I KORINION AND NOTEN ANNI BONIN BONIN BERNI BONIN BONIN BONIN ANNI ANTEN BINER BINER BINER BINER BINER AND NEBE
	APOPKA FL 32703 APOPKA FL 32703				
US		US			i iffilitift bis total drive datte batte saver dater class anner con con-
2. Principal I	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed
21	lace of Basiless	26			06/07/1995
Suite, Apt	.#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For
22		27			59-3323066 Not Applicable
City & Sta	te	City & State			5. Certificate of Status Desired \$8.75 Additional
23		28			Fee Required
Zip	Country	Zip	Country	у	6. Election Campaign Financing \$5.00 May Be
24	25	29 30			Trust Fund Contribution Added to Fees
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
KAZMIER, POLLY A				Street A	Address (P.O. Box Number is Not Acceptable)
3625 BONNIE DRIVE					
APOPKA FL 32703			83	3	1.
7.00			84 City		85 Zip Code
				1	FL 0 FL
office or	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autho	onzød Dv	v the como	corporation submits this statement for the purpose of changing its registered to the poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	<u> </u>				required when rejnetation).
40	Signature, typed or printed name of registered ager		istered Age	ent signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	·	D DIRECTORS	1.1 TITLE		Change C Addition
	VPD	_ 5000,0	1.2 NAME		Vice President
NAME	KAZMIER, GREGORY R			ET ADDRESS	AUDY SARGENT
STREET ADDRESS	1				633 E. 13TH STREET APOPKA, F1
CITY-ST-ZIP	APOPKA FL 32703	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change ☐ Addition
	PD KAZMIER. POLLY A	الم المحاددة	2.1 NAME		
NAME	A	·		ET ADDRESS :	·
STREET ADDRES	APOPKA FL 32703			ST-ZIP	
CITY-ST-ZIP	TS	[7] DELETE	3.1 TITLE		Change Addition
NAME	SHEPPARD, JUDY	<u> </u>	3.2 NAME		
STREET ADDRESS				ET ADDRESS	
1	APOPKA FL		3.4, CITY-		
CITY-ST-ZIP	AFOFIA FL	□ DELETE	4.1 TITLE	O17EIF	☐ Change ☐ Addition
NAME			4,2 NAME	_	
STREET ADDRES	و			ET ADDRESS	
CITY-ST-ZIP	3		4.4 CITY-		
UHT-51-ZIP			4.4 VIII.	v. w	

6.4.CITY-ST-ZIP

14. 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 annual report or supplemental annual report is truly 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 conforation 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, with all other like empowered.

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

GRATURE AND FYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAZMIRE DOG DOG DAYTIMA PHONG #

E037 (11/98)

Addition

☐ Addition

Change

Change

FILED

03-01-1999 90097 039 ****70.00

Mar 01, 1999 8:00 am § Secretary of State