

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002651

1. Entity Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC

Principal Place of Business

3625 BONNIE DR
APOPKA FL 32703
US

Mailing Address

3625 BONNIE DR
APOPKA FL 32703
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3323066

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZMIER, POLLY A
3625 BONNIE DRIVE
APOPKA FL 32703

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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 ☐ Delete

KAZMIER, GREGORY R
3625 BONNIE DRIVE
APOPKA FL 32703

TITLE NAME ☐ Delete

PD KAZMIER, POLLY A
3625 BONNIE DRIVE
APOPKA FL 32703

TITLE NAME ☐ Delete

TS SHEPPARD, JUDY
3625 BONNIE DRIVE
APOPKA FL

TITLE NAME ☐ Delete

V SARGENT, AUDY
633 E. 13TH STREET
APOPKA FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

Polly A Kazmier

8/28/01

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90004 044 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)