

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002651

1. Entity Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91620 044 ****70.00

Principal Place of Business

Mailing Address

3625 BONNIE DR
APOPKA FL 32703
US

3625 BONNIE DR
APOPKA FL 32703
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

59-3323066

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

KAZMIER, POLLY A
3625 BONNIE DRIVE
APOPKA FL 32703

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

Polly A Kazmier

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

(NOTE: Registered Agent signature required when reinstating)

5/9/02

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 VPD
NAME KAZMIER, GREGORY R
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

TITLE Vice President
NAME Tina Hendrickson
STREET ADDRESS 3625 Bonnie Dr.
CITY-ST-ZIP APOPKA FL 32703 ☐ Change ☒ Addition

TITLE PD
NAME KAZMIER, POLLY A
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

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

TITLE TS
NAME SHEPPARD, JUDY
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL ☐ Delete

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

TITLE V
NAME SARGENT, AUDY
STREET ADDRESS 633 E. 13TH STREET
CITY-ST-ZIP APOPKA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Polly A Kazmier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02

DATE

407-788-0884

DAYTIME PHONE #

CR2E037 (9/01)