

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90071 036 ****70.00

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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**

24021965



MOORE CR2E037 (11/03)

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

Change to
V.P.-CFO →

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

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

TITLE: **VP** ☒ Delete
NAME: **HENDRICKSON, TINA**
STREET ADDRESS: **3625 BONNIE DR**
CITY-ST-ZIP: **APOPKA FL 32703**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President** ☐ Change ☒ Addition
NAME: **Sherri Collier**
STREET ADDRESS: **3625 Bonnie Dr.**
CITY-ST-ZIP: **Apopka, FL 32703**

TITLE: **Vice President-CFO** ☒ Change ☐ Addition
NAME: **Polly A. Kazmier**
STREET ADDRESS: **3625 Bonnie Dr.**
CITY-ST-ZIP: **Apopka, FL 32703**

TITLE: **Vice President-Pastorial** ☐ Change ☒ Addition
NAME: **Tony Sargent**
STREET ADDRESS: **3625 Bonnie Dr.**
CITY-ST-ZIP: **Apopka, FL 32703**

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

Polly A. Kazmier **Polly A. Kazmier** 3/3/04 407-788 0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #