

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90093 026 ****61.25

DOCUMENT # N96000001168

1. Entity Name

NEW CITY MINISTRIES OF MIAMI, INC.

New City Ministries of Daytona Beach, Inc.

Principal Place of Business

**5850 BISCAYNE BOULEVARD
 MIAMI FL 33137**

Mailing Address

**5850 BISCAYNE BOULEVARD
 MIAMI FL 33137**

004004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

211 Fairview Ave

3. Mailing Address

211 Fairview Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

65-0649930

Applied For

Not Applicable

Zip

32114

Country

US

Zip

32114

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEALS, JUSTIN E
 THE WORLD TRADE CENTER
 80 S.W. 8TH STREET, SUITE 2000
 MIAMI FL 33130**

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**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **TIPPENS, JOEL M**
 CITY-ST-ZIP **5850 BISCAYNE BOULEVARD
 MIAMI FL 33137**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TIPPENS, CATHERINE N**
 CITY-ST-ZIP **5850 BISCAYNE BOULEVARD
 MIAMI FL 33137**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ERBEL, SUSAN R**
 CITY-ST-ZIP **775 CURTISWOOD DRIVE
 KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **JOEL M. TIPPENS**
 STREET ADDRESS **211 Fairview Ave**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☒ Change ☐ Addition
 NAME **Catherine N. TIPPENS**
 STREET ADDRESS **211 Fairview Ave**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

386-238-8388

Date

Daytime Phone #

CR2E037 (10/00)