

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90005 047 ****61.25

DOCUMENT # N97000000992

1. Entity Name

NEW BEGINNING MINISTRY OF GRAND RIDGE, INC.



Principal Place of Business

1165 HWY 69
GRAND RIDGE FL 32442

Mailing Address

1165 HWY 69
GRAND RIDGE FL 32442

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

59-3471636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIHLFELD, BERYL R
1179 HIGHWAY 69
GRAND RIDGE FL

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 DCEO ☐ Delete
NAME MIHLFELD, BERYL R
STREET ADDRESS 1179 HIGHWAY 69
CITY-ST-ZIP GRAND RIDGE FL

TITLE D ☐ Delete
NAME LOVETT, ANNIE
STREET ADDRESS 2090 HWY 73
CITY-ST-ZIP MARIANNA FL 32448

TITLE D ☐ Delete
NAME NORRIS, FREDERICK
STREET ADDRESS RT 1 BOX 277
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
NAME NORRIS, DEBRA
STREET ADDRESS RT 1 BOX 277
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete
NAME HARRELL, JEREMY
STREET ADDRESS 4720 MEADOWVIEW RD.
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☐ Delete
NAME HARRELL, KERRIE
STREET ADDRESS 4720 MEADOWVIEW RD.
CITY-ST-ZIP MARIANNA FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Ray Haveard
STREET ADDRESS 6971 Broadway St.
CITY-ST-ZIP Grand Ridge, Fl. 32442

TITLE D ☐ Change ☒ Addition
NAME Ladon Haveard
STREET ADDRESS 6971 Broadway St.
CITY-ST-ZIP Grand Ridge, Fl. 32442

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:

Beryl R. Mihlfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beryl R. Mihlfeld

02-07-04

850-592-6463