

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001268

1. Entity Name

NEW BEGINNINGS BAPTIST CHURCH OF PONTE VEDRA, IN
C.

Principal Place of Business

Mailing Address

1050 HIGHWAY A1A
PONTE VEDRA BEACH FL 32082
US

P O BOX 309
PONTE VEDRA BEACH FL 32004

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

59-3435781

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

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD, SUITE 203
JACKSONVILLE FL 32256

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BENNETT, GREGG
221 STELLAR CT
PONTE VEDRA FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCVAY, MICHAEL
161 SHELBY'S COVE CT
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOORE, SYLVIA
600 PONTE VADRS BLVD. #104
PONTE VEDRA BEACH FL 32082

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CZUBIAK, DONALD
272 ODOMS MILL BLVD
PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Bill David
8168 Seven Mile Dr.
Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POWELL, C E
1800 THE GREENS WAY #401
JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, LEON R
218 NORTH ROSCOE
PONTE VEDRA BEACH FL 32082

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:

Gregg Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
Date

904-285-4288
Daytime Phone #

CR2E037 (9/01)