

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

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90014 043 ****70.00

DOCUMENT # N97000001268

1. Entity Name

NEW BEGINNINGS BAPTIST CHURCH OF PONTE VEDRA, INC.



Principal Place of Business

1050 HIGHWAY A1A
PONTE VEDRA BEACH FL 32082
US

Mailing Address

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

TITLE **VP** ☐ Delete
NAME **BROOKS, SIDNEY 'ALAN'**
STREET ADDRESS **657 LAKE STONE CIRCLE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **S** ☒ Delete
NAME **MCVAY, DEE**
STREET ADDRESS **161 SHELBY'S COVE CT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **T** ☐ Delete
NAME **SHEIDER, TERESSA**
STREET ADDRESS **7 STARFISH PLACE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☐ Change ☒ Addition
NAME **Barfield, Lori**
STREET ADDRESS **128 Millcore Lane**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 904-285-4288

Date

Daytime Phone #