

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90137 030 ****70.00

DOCUMENT # N97000001268

1. Entity Name

NEW BEGINNINGS BAPTIST CHURCH OF PONTE VEDRA, IN C.



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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Sidney "Alan" Brooks**
STREET ADDRESS **657 Lake Stone Circle**
CITY-ST-ZIP **Ponte Vedra, FL 32082**

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

TITLE **S** ☒ Change ☐ Addition
NAME **Dee McVay**
STREET ADDRESS **161 Shelby's Cove Ct**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **T** ☒ Delete
NAME **BILL, DAVID**
STREET ADDRESS **8168 SEVEN MILE DR**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **T** ☒ Change ☐ Addition
NAME **Sheider, Teresa**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, LEON R**
STREET ADDRESS **218 NORTH ROSCOE**
CITY-ST-ZIP **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

2-24-03 904-285-4288

CR2E037 (10/02)