

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90035 005 ****61.25

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1. Entity Name

TECHILAH CHADASHAH NEW BEGINNINGS, INC.



Principal Place of Business

915 OAK LANE
LAKELAND FL 33813
US

Mailing Address

5118 DORMAN ROAD
LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3480114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCGILL, YVONNE
5118 DORMAN ROAD
LAKELAND FL 33813

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 ☐ Delete
NAME ST
STREET ADDRESS MCGILLE, LAUREN C
CITY-ST-ZIP 5118 DORMAN RD
LAKELAND FL 33813

TITLE ☐ Delete
NAME D
STREET ADDRESS TIDMORE, JAMES W
CITY-ST-ZIP 212 KENT DRIVE
ROCKY MOUNT NC 27804

TITLE ☐ Delete
NAME D
STREET ADDRESS TIDMORE, TAMMY
CITY-ST-ZIP 212 KENT DRIVE
ROCKY MOUNT NC 27804

TITLE ☐ Delete
NAME V
STREET ADDRESS MCELWEE, MARK
CITY-ST-ZIP 954 OAK LANE
LAKELAND FL 33813

TITLE ☐ Delete
NAME D
STREET ADDRESS MCELWEE, CHRISTINE
CITY-ST-ZIP 954 OAK LAND
LAKELAND FL 33811

TITLE ☐ Delete
NAME P
STREET ADDRESS ~~YVONNE MCGILL~~
CITY-ST-ZIP ~~5118 DORMAN RD.~~
~~LAKELAND FL 33813~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME P.
STREET ADDRESS MCGILL, YVONNE
CITY-ST-ZIP 5118 DORMAN Rd.
LAKELAND, FL 33813

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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

Date

Daytime Phone #