

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90006 032 ****61.25

DOCUMENT # N97000004327

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

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

**MCGILL, YVONNE
5118 DORMAN ROAD
LAKELAND FL 33813**

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

12/31/02

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	ST	☐ Delete
NAME	MCGILLE, LAUREN C	
STREET ADDRESS	5118 DORMAN RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	☐ Delete
NAME	TIDMORE, JAMES W	
STREET ADDRESS	212 KENT DRIVE	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	
TITLE	D	☐ Delete
NAME	TIDMORE, TAMMY	
STREET ADDRESS	212 KENT DRIVE	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	
TITLE	V	☐ Delete
NAME	MCELWEE, MARK	
STREET ADDRESS	954 OAK LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	☐ Delete
NAME	MCELWEE, CHRISTINE	
STREET ADDRESS	954 OAK LAND	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		☐ Delete
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
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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 REQUIRED

CR2E037 (10/02)