

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004087

1. Entity Name

NEW BEGINNINGS CHRISTIAN ACADEMY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 010 ****61.25

Principal Place of Business 4381 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319 US	Mailing Address P.O. BOX 8721 FORT LAUDERDALE FL 33310-8721 US
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DO NOT WRITE IN THIS SPACE

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 65-0852906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DUPONT, VERNA
1119 NW 10TH TERRACE
FORT LAUDERDALE FL 33311-6135

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.

SIGNATURE *Verna Dupont* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 27-00*

**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

TITLE	D <input type="checkbox"/> Delete
NAME	MORROW, RUBY
STREET ADDRESS	PO BOX 10244 N/A
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BAKER DUPONT, JOAN
STREET ADDRESS	120 N KEY ST
CITY-ST-ZIP	QUINCY FL 32351
TITLE	D <input type="checkbox"/> Delete
NAME	BOWMAN, CATHERINE
STREET ADDRESS	1001 NW 43 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	DUPONT, VERNA
STREET ADDRESS	1119 NW 10TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135
TITLE	D <input type="checkbox"/> Delete
NAME	DUPORT, MICHAEL
STREET ADDRESS	1119 NW 10TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-6135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Verna Dupont* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (9/99)