

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

0074437

DOCUMENT # N98000004087

1. Entity Name

NEW BEGINNINGS CHRISTIAN ACADEMY, INC.

05-24-2002 91361 001 ***450.00
 05-24-2002 91361 002 ***150.00

| | |
|---|---|
| Principal Place of Business 4381 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319 US | Mailing Address P.O. BOX 8721 FORT LAUDERDALE FL 33310 US |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business <i>4381 North State Road 7</i> | 3. Mailing Address <i>1845 NW 38th ave</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|------------------------------------|
| City & State <i>Fort Laud Fla</i> | City & State <i>Lauder Hill</i> |
|--------------------------------------|------------------------------------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0852906 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | | |
|---------------------|---------|---------------------|---------|
| Zip <i>33319</i> | Country | Zip <i>33319</i> | Country |
|---------------------|---------|---------------------|---------|

| | |
|---|---------------------------------------|
| 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 *VERNA DUPONT*

Street Address (P.O. Box Number is Not Acceptable)
12450 NW 52 ct

City *Coral Springs* FL Zip Code *33076*

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 _____ (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 Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORROW, RUBY PO BOX 10244 N/A RIVIERA BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER DUPONT, JOAN 120 N KEY ST QUINCY FL 32351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOWMAN, CATHERINE 1001 NW 43 STREET MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUPONT, VERNA 1119 NW 10TH TERRACE FORT LAUDERDALE FL 33311-6135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUPONT, MICHAEL 1119 NW 10TH TERRACE FORT LAUDERDALE FL 33311-6135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** *VERNA DUPONT* **DATE** *4-20-02* **DAYTIME PHONE #** *954-735-1536*

CR2E037 (9/01)