

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

112  
0002110

**DOCUMENT # N98000004087**  
1. Entity Name  
**NEW BEGINNINGS CHRISTIAN ACADEMY, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -2 PM 2:22

Principal Place of Business  
**4381 NORTH STATE ROAD 7  
FORT LAUDERDALE FL 33319  
US**

Mailing Address  
**1845 NW 38TH AVE  
LAUDERHILL FL 33319  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DUPONT, VERNA  
12450 NW 52 CT  
CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent  
Name **VERNA DU PONT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1845 NW 38TH AVE**  
City **LAUDERHILL** FL Zip Code **33313**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000017897670</b> <b>05-24-02 91361 001</b> <b>\$450.00 - \$61.25</b>
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 <i>Handwritten signature</i>
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
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: SIGNATURE REQUIRED **4-30-03**

CR2E037 (10/02)



# New Beginnings

MINISTRIES

2/2  
*Jesus is Lord*

April 30, 2003

Division of Corporations  
2003 Uniform Business Report  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sean Toner,

On last year New Beginnings Christian Academy overpaid on our UBR. We were told that the monies would be applied to this year's report. The money is tied to New Beginnings Christian Academy. We want the money to pay for our other reports, New Beginnings Christian Center and New Beginnings Community Empowerment Center, Inc as well as New Beginnings Christian Academy.

Our deposit date for last year was 5/24/02, the deposit number and sequence are 91361-001. The money was tied to New beginnings Christian Academy. If your have any questions please do not hesitate to call Pastor Verna or Michael Du Pont at 954-485-1545.

Thank You in Advance

Michael & Verna DuPont

NEW BEGINNINGS CHRISTIAN CENTER MINISTRIES, INC.

NEW BEGINNINGS CHRISTIAN CENTER  
& ADMINISTRATIVE OFFICE  
1845 N.W. 38th Avenue  
Lauderhill, FL 33311  
(954) 485-1244 • FAX: (954) 485-1447

NEW BEGINNINGS  
CHRISTIAN ACADEMY  
4381 North State Road 7  
Lauderdale Lakes, FL 33319  
(954) 735-1556 • FAX: (954) 735-1557

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CHRISTIAN ACADEMY  
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