

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90022 027 \*\*\*\*61.25

**DOCUMENT # N98000005737**

1. Entity Name

**NEW BEGINNINGS PENTECOSTAL CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**S BERMUDA PLAZA  
KISSIMMEE FL 34742**

**1256 S JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741**

27761

2. Principal Place of Business

3. Mailing Address

**1256 S JOHN YOUNG PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE FL**

City & State

Zip

**34742**

Country

**USA**

Zip

Country

4. FEI Number

**59-3538870**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIBBY, KEDERICK  
1256 S BERMUDA PLAZA  
KISSIMMEE FL 34742**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 5/12/02

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BIBBY, KEDERICK R	
STREET ADDRESS	1256 JOHN YOUNG PKWY	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRISTOL, URIAS	
STREET ADDRESS	1256 JOHN YOUNG PKWY	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NIKZAD, BIBBY A	
STREET ADDRESS	1256 JOHN YOUNG PKWY	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**Kederick R. Bibby**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/02 407 944-1981**  
Date Daytime Phone #

CR2E037 (9/01)