

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90031 038 \*\*\*\*61.25

**DOCUMENT # N98000006289**

1. Entity Name

**NEW BEGINNING FAITH MINISTRIES, INCORPORATED**

*R*

Principal Place of Business

1915 E. CRENSHAW  
TAMPA FL 33610

Mailing Address

P.O. BOX 1684  
RIVERVIEW FL 33568-1684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3539134**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LONGMORE, CAROLYN**  
**5112 SPICEWOOD CT.**  
**TAMPA FL 33624**

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERSON, MARVIN C</b>	NAME	
STREET ADDRESS	<b>1915 E. CRENSHAW</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINN, CRAIG SR</b>	NAME	
STREET ADDRESS	<b>3304 ACAPULCO DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, DORIS</b>	NAME	<b>VANCE, DETRA</b>
STREET ADDRESS	<b>1811 SO. OAK ST.</b>	STREET ADDRESS	<b>13214 PRESTWICK</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMWOOD, DAISY</b>	NAME	
STREET ADDRESS	<b>621 GRANKAYMAN WY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, ALLEN</b>	NAME	
STREET ADDRESS	<b>3902 NAPA PL.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Allen Graham* **ALLEN GRAHAM** *Aug 21, 2000 (813)653-1656*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 15/00