

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006289

1. Entity Name

NEW BEGINNING FAITH MINISTRIES, INCORPORATED

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

7870 Niagra Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33617

United States

4. FEI Number

59-3539134

Applied For

Not Applicable

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

Ava Norton

Street Address (P.O. Box Number is Not Acceptable)

3604 E. Knollwood

City

Tampa

FL

Zip Code

33610

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

Ava P. Norton  
(NOTE: Registered Agent signature required when reinstating)

03-14-01  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME ROBERSON, MARVIN C  
STREET ADDRESS 1915 E. CRENSHAW  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME QUINN, CRAIG SR  
STREET ADDRESS 3304 ACAPULCO DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE Director ☐ Change ☒ Addition  
NAME Boulder, Sheryl  
STREET ADDRESS 3024 Ripplewood  
CITY-ST-ZIP Seffner, FL 33583

TITLE D ☐ Delete  
NAME VANCE, DETRA  
STREET ADDRESS 13214 PRESTWICK  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARMWOOD, DAISY  
STREET ADDRESS 621 GRANKAYMAN WY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRAHAM, ALLEN  
STREET ADDRESS 3902 NAPA PL.  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ava P. Norton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2001 (813) 983-1469  
Date Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90014 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0057433

CR2E037 (10/00)