

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-12-2001 90421 011 ****61.25

DOCUMENT # N98000006699

1. Entity Name

NEW BEGINNINGS WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

2180 CLOVER STREET
PALM BAY FL 32905

2180 CLOVER STREET
PALM BAY FL 32905

2. Principal Place of Business

4940 STACK BLVD

Suite, Apt. #, etc.

STE C1

3. Mailing Address

4940 STACK BLVD

Suite, Apt. #, etc.

STE C1

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

Country

32901

Brevard

Zip

Country

32901

Brevard

4. FEI Number

59-3540087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDITH
2180 CLOVER STREET
PALM BAY FL 32905

7. Name and Address of New Registered Agent

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

Edith Martinez

EDITH MARTINEZ

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, EDITH	
STREET ADDRESS	2180 CLOVER STREET	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, ERNEST	
STREET ADDRESS	2180 CLOVER STREET	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ-HOLT, CYNTHIA	
STREET ADDRESS	2180 CLOVER STREET	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STYLIANOS, STEVEN	
STREET ADDRESS	1866 VANAHALL ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA MARTINEZ-HOLT	
STREET ADDRESS	2180 CLOVER STREET	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY CHUNG	
STREET ADDRESS	4380 MILWAUKEE AVE	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Edith Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-725-2527

CR2E037 (10/00)