

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-24-2000 90150 010 ****61.25

DOCUMENT # N99000006202

1. Entity Name
NEW CHURCH OF FAITH, INC.

R

Principal Place of Business Mailing Address
5000 SILVER STAR RD. **5000 SILVER STAR RD.**
ORLANDO FL 32808 **ORLANDO FL 32808-4542**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number
59-3605592 Applied For
 Not Applicable



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
BEACHAM, DAVID S JR.
4170 ROSE PETAL LANE
ORLANDO FL 32808

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	President Beacham, David S., Jr. 4170 Rose Petal LN Orlando, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President Beacham, Patricia E. 4170 Rose Petal LN Orlando, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President Madison, Earl R. 521 Eaton Street Maitland, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bailey, Gregory W. 89 Spring ST. Altamonte Springs, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
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	Secretary Moses, Ruthenia L. 3 Johnson AVE Eatonville, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Martin, Wendell 5415 Micco DR Orlando, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Middleton, Clinton, Sr. 746 Appleton Place Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</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: *David S. Beacham, Jr.* **David S. Beacham, Jr.** *4/28/00* (407) 296-2664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)