

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

C 1703

05-17-2001 90393 027 \*\*\*\*61.25

**DOCUMENT # N99000006202**

1. Entity Name

**NEW CHURCH OF FAITH, INC.**

Principal Place of Business

Mailing Address

**5000 SILVER STAR RD.  
 ORLANDO FL 32808**

**5000 SILVER STAR RD.  
 ORLANDO FL 32808**

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

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

**BEACHAM, DAVID S JR.  
 4170 ROSE PETAL LANE  
 ORLANDO FL 32808**

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**

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 **P**  Delete  
 NAME **BEACHAM, DAVID S JR**  
 STREET ADDRESS **4170 ROSE PETAL LANE**  
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~SD~~  Delete  
 NAME **Secretary**  
**MOSES, RUTHENIA L**  
 STREET ADDRESS **3 JOHNSON AVENUE**  
 CITY-ST-ZIP **EATONVILLE FL 32751**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MARTIN, WENDELL**  
 STREET ADDRESS **5415 MICCO DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~D~~  Delete  
 NAME **Treasurer**  
**MIDDLETON, CLINTON SR**  
 STREET ADDRESS **746 APPLETON PLACE**  
 CITY-ST-ZIP **OVIEDO FL 32765**  
*DO NOT DELETE*

TITLE **D**  Change  Addition  
 NAME **Myron Valentine**  
 STREET ADDRESS **510 Suncrest Ct.**  
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ADD**  Change  Addition  
 NAME **1st Vice President**  
 STREET ADDRESS **Beacham, Patricia E.**  
 CITY-ST-ZIP **4170 Rose Petal Lane**  
**Orlando, FL 32808**

TITLE  Delete  
 NAME **TOTAL OF SEVEN**  
 STREET ADDRESS **(7)**  
 CITY-ST-ZIP

TITLE **ADD**  Change  Addition  
 NAME **2nd Vice President**  
 STREET ADDRESS **Madison, Earl R.**  
 CITY-ST-ZIP **521 Eaton St.**  
**Maitland, FL 32751**

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* **4/30/01**

CR2E037 (10/00)