SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # 706711 (9)

1. Corporation Name
NEW BEGINNING CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
1111 S.W. 2ND AVE. DEERFIELD BEACH FL 33441	1111 S.W. 2ND AVE. DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 01/16/1964

4. FEI Number: 65-0073830 — [ ] Applied For [X] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HARVEY, MICHAEL L.
7052 GLENWOOD DR
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name: Michael L. Harvey
82 Street Address (P.O. Box Number is Not Acceptable): 9460 Listow Terr
83: B
84 City: BOYNTON Bch FL 85 Zip Code: 33437

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	HARVEY, MICHAEL		1.2 NAME	
STREET ADDRESS	9460 LISTOW TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	BANKS, JOHNNY		2.2 NAME	
STREET ADDRESS	487 N.W. 3RD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	
TITLE	TD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	GARCIA, KATIE MAE		3.2 NAME	
STREET ADDRESS	710 N.E. 40TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MILLER, PATRICIA A.		4.2 NAME	
STREET ADDRESS	1119 MEADOWS CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33462		4.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	BATTIE, LEROY		5.2 NAME	
STREET ADDRESS	211 S.W. 3RD CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441		5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael L Harvey 7-26-98 (561) 375-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #