FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

766381

(8)

1. Corporation	n Name	(-)				
NEW BIRTH GOSPEL TABERNACLE INC.					<u> </u>	
* -					i iberit kadra bihka dihad ikkok ibirk bigk digah birki birki birki digah digah birki	
Original Dise	4 M1	Maille - Addana		 		
Principal Place of Business Mailing Address						
C/O LARRY CHESTER C/O LARRY CHESTER					3. Date Incorporated or Qualified	
225 N. SEMINO INVERNESS FL		225 N. SEMINOLE AVE. INVERNESS FL 34450			01/03/1983	
us		US			4. FEI Number Applied I	For
		1 A W A W			00-1660019 Not Appl	
2. Principal Place of Business		2a, Mailing Address	 		5. Certificate of Status Desired Section 88.75 Addition	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be	
22	, 0.0.		27		Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes ☐ No	
Zip	Country	Zip	Count	ıry	8. This corporation owes or has paid the current year Intangible	θ
24	25 9. Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent	
	9, Marrie and Address of Colle	nt Hegistered Agent	- 12	1 Name		
INCKEU	AI DOCAINA		Ľ		George Schmalstig Address (P.O. Box Number is Not Acceptable)	
JACKSON, BRENDA 3228 LLOYD ST			6		Address (P.O. Box Number is Not Acceptable) 10337 West Pamondeho Circle	
	010 81 ESS FL 34453		is is		10337 West Pamondeno Circie	
111 Property	100 FL 911W		Ļ	1		
			6	1 (Crystal River FL 85 Zip Code 3442	
11. Pursuant t		stered				
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 fagiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	George Hand	les II				
	Signature, typod or printed name of fegistered ag			gent signature	e required when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	Addition
NAME	CHESTER, LARRY	Land Deletin	1,1 IIILE 1,2 NAM		T	Womon
STREET ADDRESS				ET ADDRESS	Patricia Randle 3264 East Kendey Street	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY		Inverness, FL 34453	
TITLE	V	☐ DELETE	2.1 TITLE			Addition
NAME	CHESTER, TONI V.		2.2 NAM	E		
STREET ADDRESS	3455 E. JONAH PL.		2.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		2. 4 CITY	(-ST-ZIP		
TITLE	1	DETELE	3.1 TITLE		_ · · · · · · · · · · · · · · · · · · ·	Addition
NAME	JACKSON, BRENDA		3.2 NAM	-	George Schmalstig	
STREET ADORESS	3228 LLOYD ST			ET ADDRESS	10337 West Pamondeho Circle	
CITY-ST-ZIP	INVERINESS FL	☐ DELETE	3.4. C/TY		Crystal River, FL 34428	Addition
TITLE	D Chester, Lonnie		4.1 TITLE			Факооп
NAME CTREET ADDRESS	3101 E DEAL ST		4. 2 NAM	\		
STREET ADDRESS	INVERNESS FL		4.3 STHE 4.4 CITY	ET ADDRESS		
CITY-ST-ZIP TITLE	D PATERIAL COS P.L.	☐ DELETE	5.1 TITLE		Change A	Addition
NAME	JOHNSON, JOE		5.2 NAM	1		
STREET ADDRESS	828 TWIGG ST		- 1	ET ADDRESS		1
CITY-ST-ZIP	ROOKSVILLE FL		5.4 CITY			
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ A	Addition
NAME	CHESTER, KIM V.		6.2 NAMI	E		
STREET ADDRESS	460 S. SNAPP AVE.		6.3 STRE	ET ADDRESS	,	
CITY-ST-ZIP	INVERNESS FL		6.4 CITY			
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 sh attachment with an address.						
DIOUN 12 OF DIOUN 15 IF CHARLIGHOU, OF ON AT ALLACORITION WHITE AN AUGUSTS.						

SIGNATURE: Jun Charles Land Charles Land Charles