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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766381** (8)

1. Corporation Name

NEW BIRTH GOSPEL TABERNACLE INC.

Principal Place of Business

Mailing Address

**C/O LARRY CHESTER
225 N. SEMINOLE AVE.
INVERNESS FL 34450
US**

**C/O LARRY CHESTER
225 N. SEMINOLE AVE.
INVERNESS FL 34450
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, BRENDA
3228 LLOYD ST
INVERNESS FL 34453**

81 Name

George Schmalstig

82 Street Address (P.O. Box Number is Not Acceptable)

10337 West Pamondeho Circle

83

84 City

Crystal River

FL

85 Zip Code

34428

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

George Schmalstig
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHESTER, LARRY	
STREET ADDRESS	3455 E. JONAH PLACE	
CITY-ST-ZIP	INVERNESS FL	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia Randle	
1.3 STREET ADDRESS	3264 East Kendey Street	
1.4 CITY-ST-ZIP	Inverness, FL 34453	

TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESTER, TOM V.	
STREET ADDRESS	3455 E. JONAH PL.	
CITY-ST-ZIP	INVERNESS FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BRENDA	
STREET ADDRESS	3228 LLOYD ST	
CITY-ST-ZIP	INVERNESS FL	

3.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Schmalstig	
3.3 STREET ADDRESS	10337 West Pamondeho Circle	
3.4 CITY-ST-ZIP	Crystal River, FL 34428	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESTER, LONNIE	
STREET ADDRESS	3101 E DEAL ST	
CITY-ST-ZIP	INVERNESS FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOE	
STREET ADDRESS	828 TWIGG ST	
CITY-ST-ZIP	ROOKSVILLE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	SO	<input type="checkbox"/> DELETE
NAME	CHESTER, KIM V.	
STREET ADDRESS	400 S. SNAPP AVE.	
CITY-ST-ZIP	INVERNESS FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

George Schmalstig
George Schmalstig, Pastor, Larry Chester 3/19/98

CP2E037 (10/97)