

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 022 ****61.25

DOCUMENT # 766381

1. Corporation Name

NEW BIRTH GOSPEL TABERNACLE INC.

9 9014 90001 22 4

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/03/1983

4. FEI Number

00-1660019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHMALSTIG, GEORGE
10337 WEST PAMONDEHO CIR
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

TUWANA ROBERTSON

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

917 LEROY BELLAMY ROAD

83

84 City

INVERNESS

FL

85 Zip Code
34450

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

Tuwana Robertson

(NOTE: Registered Agent signature required when reinstating)

1-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
CHESTER, LARRY
STREET ADDRESS
3455 E. JONAH PLACE
CITY-ST-ZIP
INVERNESS FL

TITLE ☐ DELETE

NAME
V
CHESTER, TONI V.
STREET ADDRESS
3455 E. JONAH PL.
CITY-ST-ZIP
INVERNESS FL

TITLE ☐ DELETE

NAME
T
RANDLE, PATRICIA
STREET ADDRESS
3264 E KENDEY ST
CITY-ST-ZIP
INVERNESS FL 34453

TITLE ☐ DELETE

NAME
D
CHESTER, LONNIE
STREET ADDRESS
3101 E DEAL ST
CITY-ST-ZIP
INVERNESS FL

TITLE ☐ DELETE

NAME
D
JOHNSON, JOE
STREET ADDRESS
828 TWIGG ST
CITY-ST-ZIP
ROOKSVILLE FL

TITLE ☒ DELETE

NAME
SD
CHESTER, KIM V.
STREET ADDRESS
460 S. SNAPP AVE.
CITY-ST-ZIP
INVERNESS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S

TUWANA ROBERTSON
917 LEROY BELLAMY RD
INVERNESS, FL 34450

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, with all other like empowered.

SIGNATURE

Larry Chester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99
Date

(352)637-3047
Daytime Phone #

0069941

CR2E037 (11/98)