

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).

FILED

Jul 23 1998 8:00am  
Secretary of State

000819

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752170 (1)			
1. Corporation Name NEW BEGINNINGS OF THE TAMPA BAY AREA, INC.			
Principal Place of Business 330 55TH AVENUE SOUTH ST. PETERSBURG FL 33705		Mailing Address 330 55TH AVENUE SOUTH ST. PETERSBURG FL 33705	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/24/1980			
4. FEI Number 59-2492658			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CATAEN, JOHN P. 330 55TH AVENUE SOUTH ST. PETERSBURG FL 33705		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Shared Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITILE P CATAEN, JOHN P. <input type="checkbox"/> DELETE			
NAME CATAEN, JOHN P.			
STREET ADDRESS 330 55TH AVENUE SOUTH			
CITY-ST-ZIP ST. PETERSBURG FL			
TITILE VD CATAEN, BRENDA M. <input type="checkbox"/> DELETE			
NAME CATAEN, BRENDA M.			
STREET ADDRESS 330 55TH AVENUE SOUTH			
CITY-ST-ZIP ST. PETERSBURG FL			
TITILE TD HOBSON, THOMAS W. <input type="checkbox"/> DELETE			
NAME HOBSON, THOMAS W.			
STREET ADDRESS 2574 58TH ST. NO.			
CITY-ST-ZIP ST. PETERSBURG FL 33702			
TITILE D KEYES, WAVER <input type="checkbox"/> DELETE			
NAME KEYES, WAVER			
STREET ADDRESS 181 JORDAN PARK ST.			
CITY-ST-ZIP ST. PETERSBURG FL			
TITILE SD GARDNER, ELBERT L. <input type="checkbox"/> DELETE			
NAME GARDNER, ELBERT L.			
STREET ADDRESS 619 KINGSTON ST			
CITY-ST-ZIP ST. PETERSBURG FL			
TITILE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 file 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: BRENDA M. CATAEN 7-14-98 727-867-4462			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/ DIRECTOR			



CR2E037 (5/98)