

FILE NOW: FILING FEE IS \$61.25

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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 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
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3. Date Incorporated or Qualified 01/03/1983	
4. FEI Number 00-1660019	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**JACKSON, BRENDA
3228 LLOYD ST
INVERNESS FL 34453**

10. Name and Address of New Registered Agent

81. Name George Schmalstig	
82. Street Address (P.O. Box Number is Not Acceptable) 10337 West Pamondeho Circle	
83. City Crystal River	
84. State 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* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CHESTER, LARRY
STREET ADDRESS	3455 E. JONAH PLACE
CITY-ST-ZIP	INVERNESS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	CHESTER, TOM V.
STREET ADDRESS	3455 E. JONAH PL.
CITY-ST-ZIP	INVERNESS FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BRENDA
STREET ADDRESS	3228 LLOYD ST
CITY-ST-ZIP	INVERNESS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHESTER, LONNIE
STREET ADDRESS	3101 E DEAL ST
CITY-ST-ZIP	INVERNESS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, JOE
STREET ADDRESS	828 TWIGG ST
CITY-ST-ZIP	ROOKSVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CHESTER, KIM V.
STREET ADDRESS	400 S. SNAPP AVE.
CITY-ST-ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T Patricia Randle
1.3 STREET ADDRESS	3264 East Kendey Street
1.4 CITY-ST-ZIP	Inverness, FL 34453
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	M George Schmalstig
3.3 STREET ADDRESS	10337 West Pamondeho Circle
3.4 CITY-ST-ZIP	Crystal River, FL 34428
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Larry Chester, Pastor Larry Chester 3/19/98*

CP2E037 (10/97)