2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

Feb 10, 2004 8:00 am Secretary of State DOCUMENT # N0000000295+ 1. Entity Name 02-10-2004 90014 017 ****61.25 NEW BEGINNINGS BAPTIST CHURCH, INC. Mailing Address Principal Place of Business 10345 S.W. 27TH AVE PO BOX 4498 OCALA FL 34478-4498 **OCALA FL 34476** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 59-3651065 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMP, DENNIS D ESQ Street Address (P.O. Box Number is Not Acceptable) 2537 S.E. 17TH STREET OCALA FL 34471 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change . Addition ☐ Delete TITLE TITLE THOMPSON, JAY SR NAME NAME 9141 S.E. 197TH AVE STREET ADDRESS STREET ADDRESS OCKLAWAHA FL 32179 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE ☐ Delete BRAND, WILLIAM V NAME NAME 9215 S.W. 34TH AVE STREET ADDRESS STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP City-St-ZiP ☐ Change Addition Delete TITLE TITLE CANTER, CALVIN'G DECEASED NAME NAME 3841 S.W. 143RD LANE ROAD STREET ADDRESS STREET ADDRESS **OCALA FL 34473** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE BONWELL, A. STEVEN NAME NAME 9097 S.W. 32ND TERRACE STREET ADDRESS STREET ADDRESS OCALA FL 34476 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE POSTON, WILLIAM B NAME 3305 S.E. 112TH STREET STREET ADDRESS STREET ADDRESS OCALA FL 34480 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE DUBOSE, BARBARA I NAME NAME 3121 S.W. 97TH STREET #3 STREET ADDRESS STREET ADDRESS **OCALA FL 34476** CiTY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

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