

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N010000G4711	
1. Entity Name NEW BEGINNINGS TABERNACLE, INC.	
Principal Place of Business 1312 N CLARK STREET TAMPA, FL 33607	Mailing Address 4104 LA SALLE STREET TAMPA, FL 33607



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724798	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATTEN, INEZ 4104 LA SALLE STREET TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTEN, INEZ PASTOR 4104 LASALLE STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATTEN, ISAAC JR 4106 LASALLE STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATTEN, IRRON 1305 BIG CREEK DRIVE TAMPA, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Inez Patten* *Inez Patten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04
Date

813-877-1001
Daytime Phone #