

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/11/2006-90001-015 \$70.00 \$70.00

**DOCUMENT # N05000002732**

1. Entity Name  
**NEW BEGINNING TABERNACLE MISSIONARY BAPTIST CHURCH, INC.**



2006 OCT 13 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2208 E. COLUMBUS DR.  
TAMPA, FL 33605

Mailing Address  
2208 E. COLUMBUS DR.  
TAMPA, FL 33605

2. Principal Place of Business  
**2208 E. Columbus Dr.**

3. Mailing Address  
**2208 E. Columbus Dr.**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

Zip  
**33605**

Country  
**USA**



07102006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**73-1731512**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AIA REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 removing)

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                  |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LAKE SR., WILLIE I<br>3633 EAST GENESSEE AVE AVE<br>TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>LAKE SR., WILLIE I<br>2208 E. Columbus Dr.<br>Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>MOSLEY, ROSE<br>3633 EAST GENESSEE AVE AVE<br>TAMPA, FL 33610 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP<br>mosley, Rosie<br>2208 E. Columbus Dr.<br>Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MOSLEY, PAULA<br>3633 EAST GENESSEE AVE AVE<br>TAMPA, FL 33610 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>mosley, Paula<br>2208 E. Columbus Dr.<br>Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHOATS, BARBARA<br>3633 EAST GENESSEE AVE AVE<br>TAMPA, FL 33610 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Shoats, Barbara<br>2208 E. Columbus Dr.<br>Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paula Mosley 8/31/06 813-627-5216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devoice Phone #