

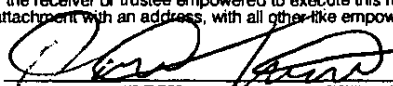


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000007745</b> 1. Entity Name <b>NEW BEGINNINGS BAPTIST CHURCH OF GREATER TALLAHASSEE, INC.</b>						<div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="text-align: center;">2007 APR 11 AM 11:47</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
Principal Place of Business <b>SEINEYARD RESTAURANT PO BOX 1483 WOODVILLE, FL 32362-9998</b>				Mailing Address <b>SEINEYARD RESTAURANT PO BOX 1483 WOODVILLE, FL 32362-9998</b>			
2. Principal Place of Business - No P.O. Box # <b>8056 Woodville Hwy</b> Suite, Apt. #, etc. <b>Tallahassee</b>			3. Mailing Address Suite, Apt. #, etc. 			04032007 Chg-NP CR2E037 (12/06)    4. FEI Number <b>04-3843290</b> Applied For Not Applicable	
City & State <b>FL</b>			City & State 				
Zip <b>32305</b>		Country <b>USA</b>		Zip 			
6. Name and Address of Current Registered Agent  <b>VATTER, JOHN 160 CASORA DR CRAWFORDVILLE, FL 32327</b>						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"><b>Make check payable to Florida Department of State</b></div>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VATTER, JOHN</b> <b>160 CASORA DR</b> <b>CRAWFORDVILLE, FL 32327</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, JOE</b> <b>604-3 WHITTAKER RD</b> <b>TALLAHASSEE, FL 32304</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.2em;"> <b>600097570676</b>  <b>04/19/07--01032--027 **61.25</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MONINGER, DAN</b> <b>44 KIMBERLY LANE</b> <b>CRAWFORDVILLE, FL 32327</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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.							
<b>SIGNATURE:</b>  <b>Don Moninger</b> <b>3/8/07</b> <b>850-926-9702</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							