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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36389 (7)

1. Corporation Name

NEW BEGINNINGS FREE METHODIST CHURCH, INC.

Principal Place of Business

3104 SOUTH BRYAN ROAD
BRANDON FL 33511

Mailing Address

3104 SOUTH BRYAN ROAD
BRANDON FL 33511



3. Date Incorporated or Qualified
01/26/1990

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JALO, JACK
302 NORTH DOVER ROAD
DOVER FL 33527

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

3612 OVERSTREET LANE

84

CITY VALRICO

FL

85

Zip Code 33594-8002

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TRT ☐ DELETE

NAME JALO, JACK
STREET ADDRESS 302 NORTH DOVER ROAD
CITY-STATE-ZIP DOVER FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3612 OVERSTREET LANE
1.4 CITY-STATE-ZIP VALRICO, FL 33594-8002

TITLE TR ☐ DELETE

NAME WORTHY, LETHA
STREET ADDRESS 621 APRIL LANE
CITY-STATE-ZIP PLANT CITY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 700001714277
2.4 CITY-STATE-ZIP -02/14/96--01011--023
***\$1.25

TITLE S ☐ DELETE

NAME UPDIKE, JOANNE
STREET ADDRESS 1217 PINEY BRANCH CIRCLE
CITY-STATE-ZIP VALRICO FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TR ☐ DELETE

NAME LUGO, WILLIAM
STREET ADDRESS 503 COCO PLUM DRIVE
CITY-STATE-ZIP SEFFNER FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)