

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90021 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N36389**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2990272	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**JALO, JACK**  
**3812 OVERSTREET LANE**  
**VALRICO FL 33594-8002**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALO, JACK	1.2 NAME	
STREET ADDRESS	3812 OVERSTREET LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594-8002	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHY, LETHA	2.2 NAME	
STREET ADDRESS	621 APRIL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPDILCE, R STEVEN	3.2 NAME	
STREET ADDRESS	1217 PINEY BRANCH CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PR
STREET ADDRESS		4.3 STREET ADDRESS	REV. RONALD SAWADE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3104 SOUTH BRYAN ROAD BRANDON, FL 33511
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>JEFFREY VORBERMARK</del>	5.2 NAME	TR
STREET ADDRESS		5.3 STREET ADDRESS	JEFFREY VORBERMARK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3905 BRAUN WAY VALRICO, FL 33594
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Jalo* 6/7/99 (813) 654-3143  
 Date Daytime Phone #

CR2E037 (11/98)