FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37933 (1)

1. Corporation Name
A NEW BEGINNING TABERNACLE INC.

Principal Place of Business	Mailing Address
4195 54TH AVE. NORTH ST. PETERSBURG FL 33714 US	618 6TH ST NW LARGO FL 34640 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3003870 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 4195 54th Ave No.	2a. Mailing Address 26: 5418 40th St. No
Suite, Apt. #, etc. 22: Northside - 4195 B	Suite, Apt. #, etc. 27:
City & State 23: St. Petersburg - Fla.	City & State 28: St. Petersburg FL.
Zip 24: 33714 Country 25:	Zip 29: 33714 Country 30:

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NELSON, CAROLYN
618 - 6TH ST N.W.
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: CAROLYN SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 5418 40th St. No.
83:
84 City: ST. PETERSBURG-FL 85 Zip Code: 33714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Carolyn Scott - CAROLYN SCOTT P + R.A 4/12/95
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	VPC	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ANDREW	1.2 NAME		
STREET ADDRESS	618 6TH ST. NW	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	P	☑ Change ☐ Addition
NAME	SCOTT, CAROLYN	2.2 NAME	CAROLYN SCOTT	
STREET ADDRESS	618 6TH STREET, N.W.	2.3 STREET ADDRESS	5418 40th St. North	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	St. Petersburg FL. 33714	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, CAROLYN	3.2 NAME		
STREET ADDRESS	618 6TH ST NW	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	SCOTT, GRADY	4.2 NAME		
STREET ADDRESS	5436 40TH STREET, NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Theodore Roberts	☐ Change ☑ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	5000 28th St. North	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg. FL. 33714	
TITLE		6.1 TITLE	Ruby Roberts	☐ Change ☑ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	5000 28th St. North	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Pete FL. 33714	

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: Carolyn Scott CAROLYN SCOTT 4/12/95 813-538-2882 813 896-7023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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