

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37933 (1)

1. Corporation Name

A NEW BEGINNING TABERNACLE INC.



Principal Place of Business

Mailing Address

**4195 54TH AVENUE NO.
NORTHSIDE 4195B
ST. PETERSBURG FL 33714
US**

~~5418 40TH ST. NO.~~
~~ST. PETERSBURG FL 34410~~
~~US~~ **change**

3. Date Incorporated or Qualified
04/30/1990

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **4195-54th Ave. No**

26 **720-35th Ave. S.**

4. FEI Number

59-3003870

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 **St Petersburg FL**

27 City & State

28 **St Pete. FL**

24 Zip

25 **33714**

Country

25 **Pinellas**

29 Zip

29 **33705**

Country

30 **Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, CAROLYN

5418 40TH ST. NO.

ST. PETERSBURG FL 33714

720-35th Ave. S.

**St Petersburg
FL 33705**

81 Name

Carolyn Scott

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

720-35th Ave. S.

83

84 City

St Petersburg

FL

85 Zip Code

33705

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

Carolyn Scott

Feb 7-1996

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPC	<input type="checkbox"/> DELETE
NAME	NELSON, ANDREW	
STREET ADDRESS	618 6TH ST. NW	
CITY- ST- ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, CAROLYN	
STREET ADDRESS	5418 40TH ST. NORTH	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, CAROLYN	
STREET ADDRESS	618 6TH ST NW	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, GRADY	
STREET ADDRESS	5436 40TH STREET, NORTH	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERTS, THEODORE	
STREET ADDRESS	5000 28TH ST. NORTH	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERTS, RUBY	
STREET ADDRESS	5000 28TH ST. NORTH	
CITY- ST- ZIP	ST. PETERSBURG FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- 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:

Carolyn Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7-1996
DATE
896-7023
586-4487
DAYTIME PHONE

CR2E037 (12/95)