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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 NORTH
NORTHSIDE 4195B
ST. PETERSBURG FL 33714
US720 35TH AVENUE SOUTH
ST. PETERSBURG FL 33705-3738
US3. Date Incorporated or Qualified
04/30/19903a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 4193 + 4195 B 54th AVENUE26 710 35th AVE So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG FL.

28 ST. PETERSBURG FL.

Zip

Country

Zip

Country

24 33714

25 PINELLAS-

29 33705

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, CAROLYN
720 35TH AVENUE SOUTH
ST. PETERSBURG FL 3370581 Name
CHANGE CAROLYN ROKK
82 Street Address (P.O. Box Number is Not Acceptable)
83 710 35th AVE So.
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 ROKK

CAROLYN ROKK

1-17-97

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
NAME NELSON, ANDREW
STREET ADDRESS 618 6TH ST. NW
CITY-ST-ZIP LARGO FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPNAME SCOTT, CAROLYN
STREET ADDRESS 5418 40TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME NELSON, CAROLYN
STREET ADDRESS 618 6TH ST NW
CITY-ST-ZIP LARGO FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME SCOTT, GRADY
STREET ADDRESS 5436 40TH STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME ROBERTS, THEODORE
STREET ADDRESS 5000 28TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE T
NAME ROBERTS, RUBY
STREET ADDRESS 5000 28TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Carolyn Scott ROKK

CAROLYN SCOTT ROKK 1-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050130

CR2E037 (9/96)