FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37933. TABERNACLE inc

1. Corporation Name: A New Beginning

Principal Place of Business / Mailing Address: 4195-54th Ave. North St. pete, fla.

2. Principal Place of Business
21 Same
Suite, Apt. #, etc. 22
City & State 23 St. pete fla.
Zip 24 33714 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28 St. pete fla.
Zip 29 33714 Country 30

3. Date Incorporated or Qualifed: 1990

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

9. Name and Address of Current Registered Agent
Molly S. Beavers
4418-Yardley Ave N.
St. pete, fla. 33713

10. Name and Address of New Registered Agent
81 Name: ~~A New Beginning Tabernacle Inc.~~ TABERNACLE
82 Street Address (P.O. Box Number is Not Acceptable): ~~4195 54th Ave. North~~
83
84 City: St. pete, fla. FL 85 Zip Code: 33914

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: ~~Beard Ronk~~ Molly S Beavers (NOTE: Registered Agent signature required when resigning) Church Sec. DATE 3-15-99
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	Pastor; President [ ] DELETE
NAME		Carolyn Ronk - fla. 33713
STREET ADDRESS		4418 Yardley Ave. St. pete,
CITY-ST-ZIP		
TITLE		Sec. Tres. Beard Ronk [ ] DELETE
NAME		4418-Yardley Ave. N
STREET ADDRESS		St. pete, fla 33713
CITY-ST-ZIP		
TITLE	D	Asst. Pastor; St. pete [ ] DELETE
NAME		Grady Scott fla.
STREET ADDRESS		5436-40 St N 33714
CITY-ST-ZIP		
TITLE	D	Board of Director; St. pete, [ ] DELETE
NAME		Andrew Nelson fla.
STREET ADDRESS		4195-54 Ave St. pete fla 33714
CITY-ST-ZIP		
TITLE	VP	Carolyn Nelson. St pete fla [ ] DELETE
NAME		Bdy & Df. Dir. 33714
STREET ADDRESS		VICE PRESIDENT
CITY-ST-ZIP		4195-54 Ave St. Pete fla.
TITLE		Ted + Ruby Roberts [✓] DELETE
NAME		5000 28th St. No
STREET ADDRESS		
CITY-ST-ZIP		ST. PETE FL 33714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		000002820530--0
1.3 STREET ADDRESS		-03/26/99--01105--018
1.4 CITY-ST-ZIP		*****70.00 *****70.00
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Beard Ronk Beard Ronk — 2/22/99 — 727-323-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #