

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N43790  
1. Corporation Name  
**N. B. MINISTRIES INC.**  
**P. O. BOX 227**  
**GRANDIN, FL. 32138**

Principal Place of Business Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/11/91	9/23/94
4. FEI Number	Applied For
593048645	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**EMORY STANLEY**  
**7988 SUNNYBROOK RD.**  
**MELROSE FL. 32666**

10. Name and Address of New Registered Agent

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

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 607.0307, Florida Statutes.

SIGNATURE *Emory Stanley* Emory Stanley 3-21-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EMORY STANLEY
STREET ADDRESS	7988 SUNNYBROOK RD.
CITY-ST-ZIP	GRANDIN, FL. 32138
TITLE	V/D/S
NAME	NIKKI STANLEY
STREET ADDRESS	7988 SUNNYBROOK RD.
CITY-ST-ZIP	GRANDIN, FL. 32138
TITLE	C/D
NAME	RON PENROD
STREET ADDRESS	7870 HONEY DEW CIRCLE
CITY-ST-ZIP	MELROSE, FL. 32666
TITLE	D
NAME	LINDA PENROD
STREET ADDRESS	7870 HONEY DEW CIRCLE
CITY-ST-ZIP	MELROSE FL. 32666
TITLE	D
NAME	LORENE TAYLOR
STREET ADDRESS	1500 PROSPECT ST.
CITY-ST-ZIP	WORTHINGTON, KY. 41183
TITLE	D
NAME	MARCONI TAYLOR
STREET ADDRESS	1500 PROSPECT ST.
CITY-ST-ZIP	WORTHINGTON KY. 41183

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EMORY STANLEY	
13 STREET ADDRESS	7988 SUNNYBROOK RD.	
14 CITY-ST-ZIP	GRANDIN, FL. 32138	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RON PENROD	
33 STREET ADDRESS	7988 SUNNYBROOK RD.	
34 CITY-ST-ZIP	GRANDIN, FL. 32138	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LINDA PENROD	
43 STREET ADDRESS	7988 SUNNYBROOK RD.	
44 CITY-ST-ZIP	GRANDIN, FL. 32138	
51 TITLE	D (DELETE, RESIGNED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LORENE TAYLOR WORTHINGTON	
53 STREET ADDRESS	1500 PROSPECT ST.	
54 CITY-ST-ZIP	KY. 41183	
61 TITLE	D (DELETE, RESIGNED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MARCONI TAYLOR	
63 STREET ADDRESS	1500 PROSPECT ST.	
64 CITY-ST-ZIP	WORTHINGTON KY. 41183	

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: *Emory Stanley* Emory Stanley 3/21/95 904-661-2733  
Signature and typed or printed name of officer or director Date (Include Area #)

*Reaching Out to The Elderly*  
**THE NEW BEGINNING MINISTRIES, INC.**  
**A Full Time Nursing Home Ministry**

Phone: (904)661-2733

P.O. BOX 227, Grandin, FL 32138

Fax (904)661-2050

Continuation of block 12:

Title D  
Name ANDREAS, EDNA  
Street Address 7870 HONEYDEW CIRCLE  
City, St, Zip MELROSE, FL. 32666

Continuation of block 13:  
*A CHANGE*

D (DELETE, RESIGNED)  
ANDREAS, EDNA  
7870 HONEYDEW CIRCLE  
MELROSE, FL. 32666

A State and Federal Government Recognized Non-Profit Organization

*"Capture The Vision"*  
Support The New Beginning Ministries, Inc.