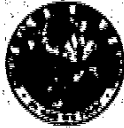


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:25**

DOCUMENT # N45559 (4)

1. Corporation Name

NEW BEGINNING CHURCH OF GOD, INC.

Principal Place of Business

1818 ORANGE AVE
FT. PIERCE FL 34946
US

Mailing Address

P. O. BOX 1210
FT. PIERCE FL 34946
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0294133

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

2c

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Nonprofit with IRS 501(c)(3)

☒

**\$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

DOZIER, BERL J
115 ACADEMY DRIVE
FT PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name

TONEY, BERL J (Last Name Change)

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

115 ACADEMY DRIVE

83

84 City

PORT PIERCE

85 FL

86 Zip Code
34946

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

Beral J. Toney
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/29/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

DOZIER, BERL REV.
115 ACADEMY DRIVE
FT. PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

DONALDSON, ROBERT A.
902-B N. 31ST STREET
FT. PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

DONALDSON, REGINA
902-B N. 31ST STREET
FT. PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

TOWNSEND, MARY A.
3215 KENTUCKY AVE
FT. PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MD

TONEY, VICTORIA A.
115 ACADEMY DRIVE
FT. PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

**SAME (Same person, but last
name change)**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**SAME
713 SOUTH 24th ST Apt. A**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

**T
JENKINS, GLENDORA
2709 AVENUE Q
FT. PIERCE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

(Delete)

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

SAME

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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: *Beral J. Toney* Pastor Beral J. Toney 3/19/95 (407) 4608796

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone