

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 # 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

3. Date Incorporated or Qualified
10/10/1991

3a Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **2721 S. US HWY #1**

26 **2721 S. US HWY #1**

4. FEI Number

65-0294133

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

Suite, Apt. #, etc.

22 **Suite 1-4**

Suite, Apt. #, etc.

27 **Suite 1-4**

City & State

23 **Ft. Pierce Florida**

City & State

28 **Ft. Pierce Florida**

Zip

24 **34982**

Country

25 **St. Lucie**

Zip

29 **34982**

Country

30 **St. Lucie**

9. Name and Address of Current Registered Agent

**TONEY, BERAL J
115 ACADEMY DRIVE
FT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE
NAME **TONEY, BERAL R**
STREET ADDRESS **115 ACADEMY DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VD** ☐ DELETE
NAME **DONALDSON, ROBERT A.**
STREET ADDRESS **713 SOUTH 24TH ST APT. A**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **T** ☐ DELETE
NAME **JENKINS, GLENDORA**
STREET ADDRESS **2709 AVENUE Q**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **MD** ☐ DELETE
NAME **TONEY, VICTORIA A.**
STREET ADDRESS **115 ACADEMY DRIVE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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:

Beral J. Toney Pastor Beral J. Toney 3/13/96 407-460-8746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-21-1996