

**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: 21 2721 S. US HWY #1, Suite 1-4, Ft. Pierce, Florida, 34982, St. Lucie  
2a. Mailing Address: 26 2721 S. US HWY #1, Suite 1-4, Ft. Pierce, Florida, 34982, St. Lucie

4. FEI Number: 65-0294133  
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

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TONEY, BERAL R	
STREET ADDRESS	115 ACADEMY DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DONALDSON, ROBERT A.	
STREET ADDRESS	713 SOUTH 24TH ST APT. A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JENKINS, GLENDORA	
STREET ADDRESS	2709 AVENUE Q	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	TONEY, VICTORIA A.	
STREET ADDRESS	115 ACADEMY DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)

11-10-96  
12-21-96