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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45559

1. Corporation Name

NEW BEGINNING CHURCH OF GOD, INC.

Principal Place of Business

 2721 S. US HWY #1
 STE 1-4
 FT. PIERCE FL 34982
 US

Mailing Address

 2721 S. US HWY #1
 STE 1-4
 FT. PIERCE FL 34982
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1991	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 65-0294133	Applied For Not Applicable
22 City & State	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	Country			

9. Name and Address of Current Registered Agent

 TONEY, BERAL J
 115 ACADEMY DRIVE
 FT PIERCE FL 34946

 Same Person
 Address Change

10. Name and Address of New Registered Agent

81 Name	TONEY, BERAL J.		
82 Street Address (P.O. Box Number is Not Acceptable)	182 S.E. Walters Terr.		
83			
84 City	Port St. Lucie	85 State	FL
		86 Zip Code	34983

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Sec.
NAME	TONEY, BERAL R	1.2 NAME	Yvonne D. James
STREET ADDRESS	115 ACADEMY DRIVE	1.3 STREET ADDRESS	2807 Jefferson Parkway Apt. B
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, Fla. 34946
TITLE	PD	2.1 TITLE	Office Manager
NAME	TONEY, BERAL J	2.2 NAME	Dennis A. James
STREET ADDRESS	182 SE WALTERS TERR	2.3 STREET ADDRESS	2807 Jefferson Parkway Apt. B
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	Fort Pierce, Fla. 34946
TITLE	T	3.1 TITLE	
NAME	JENKINS, GLENDORA	3.2 NAME	
STREET ADDRESS	2709 AVENUE Q	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	MD	4.1 TITLE	
NAME	TONEY, VICTORIA A.	4.2 NAME	
STREET ADDRESS	115 ACADEMY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

 Signature and typed or printed name of signing officer or director: Beral J. Toney

Date

2/7/99

Daytime Phone #

CR2E037 (11/98)