

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50418 (5)

1. Corporation Name

NEW BEGINNINGS REVIVAL CHURCH INC. OF THE CITY OF
ZEPHYRHILLS, STATE OF FLORIDA



Principal Place of Business

Mailing Address

5828 DAYTON ST
ZEPHYRHILLS FL 33541
US

5828 DAYTON ST
ZEPHYRHILLS FL 33541
US

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 5550 JIREH RD.

26 5550 JIREH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5550 JIREH RD.

27 5550 JIREH RD.

City & State

City & State

23 ZEPHYRHILLS, FLA.

28 ZEPHYRHILLS, FLA.

Zip

Country

Zip

Country

24 33544

25 USA

29 33544

30 USA

4. FEI Number

59-3146757

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALYERS, EDWARD L
5828 DAYTON ST
ZEPHYRHILLS FL 33541

81 Name

DAVID L. BROWN

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

5550 JIREH RD.

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33544

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

David L. Brown
Signature, typed or printed name of registered agent and title if applicable

DAVID L. BROWN

(NOTE: Registered Agent signature required when reinstating)

DATE

JULY 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SALYERS, EDWARD L
STREET ADDRESS 5828 DAYTON ST
CITY - ST - ZIP ZEPHYRHILLS FL ☒ DELETE

1.1 TITLE PD
1.2 NAME DAVID L. BROWN
1.3 STREET ADDRESS 5550 JIREH RD.
1.4 CITY - ST - ZIP ZEPHYRHILLS, FLA. 33544 ☐ Change ☒ Addition

TITLE VD
NAME HURST, ROBERT M SR.
STREET ADDRESS 36039 ASTER AVE
CITY - ST - ZIP ZEPHYRHILLS FL ☒ DELETE

2.1 TITLE VD
2.2 NAME DAVID D. WOLFE
2.3 STREET ADDRESS 37532 TALL PINES DR.
2.4 CITY - ST - ZIP ZEPHYRHILLS, FLA. 33541 ☐ Change ☒ Addition

TITLE SD
NAME HURST, GLENDA L
STREET ADDRESS 36039 ASTER AVE
CITY - ST - ZIP ZEPHYRHILLS FL ☒ DELETE

3.1 TITLE TD
3.2 NAME JANAE A. BROWN
3.3 STREET ADDRESS 5550 JIREH RD.
3.4 CITY - ST - ZIP ZEPHYRHILLS, FLA. 33544 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE SC
4.2 NAME CECILIA A. WOLFE
4.3 STREET ADDRESS 37532 TALL PINES DR.
4.4 CITY - ST - ZIP ZEPHYRHILLS, FLA. 33541 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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

David L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96

Date

813-973-3602

Daytime Phone #