SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # **N93000002033 (9)**

1. Corporation Name
CHURCH OF NEW BEGINNINGS NEW BEGINNINGS MINISTRIES, INC.

Principal Place of Business	Mailing Address
1412 COLUMBUS AVENUE LEHIGH ACRES FL 33936	1412 COLUMBUS AVENUE LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 11/07/1994
4. FEI Number: 65-0407417 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

OUTLAW, CHRISTINE REV.
2531 CHARLESTON PARK DRIVE
ALVA FL 33920

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OUTLAW, CHRISTINE	12 NAME	
STREET ADDRESS	2531 CHARLESTON PARK DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	OUTLAW, L.B.	22 NAME	
STREET ADDRESS	2531 CHARLESTON PARK DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BARBARA	32 NAME	
STREET ADDRESS	3725 6TH STREET WEST	33 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MICHELLE	42 NAME	
STREET ADDRESS	3725 6TH STREET WEST	43 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	OUTLAW, WINDFORD	52 NAME	
STREET ADDRESS	1412 COLUMBUS AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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.

SIGNATURE: Christine Outlaw CHRISTINE OUTLAW 6-13-95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014909

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # N93000002260 (8)

1. Corporation Name

NAPLES AREA ACCOMMODATIONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% PARK SHORE RESORT~~ 851 Gulf Shore Blvd N. ~~600 NEAPOLITAN WAY~~ ~~NAPLES FL 33940~~	~~% PARK SHORE RESORT~~ ~~600 NEAPOLITAN WAY~~ ~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 851 GULF SHORE DR	2a. Mailing Address: 26 851 Gulf Shore Dr
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 NAPLES	City & State: 28 NAPLES
Zip: 24 33963 Country: 25	Zip: 29 33963 Country: 30 U.S.A

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: 65-0424842 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GOODELL, RANDY~~
~~% PARK SHORE RESORT~~
~~600 NEAPOLITAN WAY~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81 Name: JIM GUNDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 851 GULF SHORE BLVD NO
83
84 City: NAPLES FL 85 Zip Code: 33940

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 _____ 6/8/95
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	~~DP~~	11 TITLE	DV ☐ Change ☒ Addition
NAME	GOODELL, RANDY	12 NAME	BRIAN SHUMAKER
STREET ADDRESS	820 100TH AVE. NORTH	13 STREET ADDRESS	11000 GULFSHORE DR. NAPLES FL 33963
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP	
TITLE	~~DV~~	21 TITLE	DP ☒ Change ☐ Addition
NAME	GUNDERSON, JIM	22 NAME	
STREET ADDRESS	851 GULF SHORE BLVD. NORTH	23 STREET ADDRESS	→
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	NERONE, CAROLE	32 NAME	
STREET ADDRESS	1191 8TH ST. SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☒ Change ☐ Addition
NAME	CHAFFIN, LISETTE	42 NAME	26201 HICKORY BLVD.
STREET ADDRESS	9891 GULF SHORE DR.	43 STREET ADDRESS	BONITA SPRINGS, FL. 33923
CITY-ST-ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DINUNZIO, JOE	52 NAME	
STREET ADDRESS	2555 N. TAMIAMI TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	GRISHAM, JIM	62 NAME	JANE EDWARDS
STREET ADDRESS	3080 TOLLGATE DR.	63 STREET ADDRESS	1925 DAVIS BLVD.
CITY-ST-ZIP	NAPLES FL 33942	64 CITY-ST-ZIP	NAPLES, FL. 33942

CR2E037 (3/95)

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)(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.

SIGNATURE: Lisette Chaffin 4/13/95 (941) 992-0733
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
LISETTE CHAFFIN

0014043