

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 # N94000005248 (9)

1. Corporation Name
A MISSION WITH A NEW BEGINNING CHURCH, INC.



Principal Place of Business: 1474 NW 83RD TERRACE MIAMI FL 33147
Mailing Address: 1474 NW 83RD TERRACE MIAMI FL 33147

3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report 06/12/1995
4. FEI Number 65-0561899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8745 N.W. 25 AVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28
Zip 24 33147	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

STANTON, FRED R
1111 LINCOLN ROAD MALL STE. 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 officer 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC JOYNER, EUGENE C/O 1474 NW 83RD TERRACE MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			P/D/E Joyner, Eugene
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
			c/o 1474 N.W. 83rd Terr,
			1.4 CITY-ST-ZIP
			Miami FL 33147
			1.1 TITLE
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T JOYNER, FRANKLIN C/O 1474 NW 83RD TERRACE MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			V/T JOYNER, Calvin
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
			c/o 1474 N.W. 83rd Terr,
			2.4 CITY-ST-ZIP
			Miami FL 33147
			3.1 TITLE
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T PATRIDGE, JOE C/O 1474 NW 83RD TERRACE MIAMI FL	<input type="checkbox"/> DELETE	3.2 NAME
NAME			S/T PARTRIDGE, Joseph
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			c/o 1474 N.W. 83rd Terr
			3.4 CITY-ST-ZIP
			Miami FL 33147
			4.1 TITLE
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T JOYNER, CALVIN C/O 1474 NW 83RD TERRACE MIAMI FL	<input type="checkbox"/> DELETE	4.2 NAME
NAME			T/T JOYNER, FRANKLIN
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			c/o 1474 N.W. 83rd Terr
			4.4 CITY-ST-ZIP
			Miami, FL. 33147
			5.1 TITLE
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
NAME			5.3 STREET ADDRESS
STREET ADDRESS			5.4 CITY-ST-ZIP
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: Eugene Joyner 2/24/96 (305) 696-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)