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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005248

1. Corporation Name

A MISSION WITH A NEW BEGINNING CHURCH, INC.

Principal Place of Business

Mailing Address

8745 NW 22 AVENUE
MIAMI FL 33147
US

1474 NW 83RD TERRACE
MIAMI FL 33147



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	
NAME	JOYNER, EUGENE	1.2 NAME	
STREET ADDRESS	C/O 1474 NW 83RD TERRACE	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	JOYNER, CALVIN	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	C/O 1474 NW 83RD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	PATRIDGE, JOE	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	C/O 1474 NW 83RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	
NAME	JOYNER-FRANKLIN	4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	C/O 1474 N.W. 83RD TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 (305) 696-2442

CR2E037 (11/98)