

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 # **N95000000489 (3)**

1. Corporation Name

**NEW BEGINNING MISSIONARY BAPTIST CHURCH OF POMPA
NO BEACH, INC.**



Principal Place of Business

1400 N.W. 18TH ST.
POMPANO BEACH FL 33069

Mailing Address

REV. HOOVER ATKINS
2720 SOMERSET DR., #W-7
LAUDERDALE LAKES FL 33311

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number
05-0543637

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

**BELL, REV. W.C.
3430 N.W. 2ND ST.
FT. LAUDERDALE FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **ATKINS, REV. HOOVER**
STREET ADDRESS **2720 SOMMERSET DR., #W-7**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **S** DELETE
NAME **THOMPSON, WILLIE MAE**
STREET ADDRESS **113 N.W. 7TH CT.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **T** DELETE
NAME **MADISON, MAUDE**
STREET ADDRESS **490 N.W. 3RD AVE.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **SD** Change Addition
2.2 NAME **Thompson, Willie Mae**
2.3 STREET ADDRESS **113 N.W. 7th Ct**
2.4 CITY-ST-ZIP **Deerfield Beach, FL 33441**

3.1 TITLE **TD** Change Addition
3.2 NAME **Madison, Maude**
3.3 STREET ADDRESS **490 N.W. 3rd Ave**
3.4 CITY-ST-ZIP **Deerfield Beach, FL 33441**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **300001836423**
5.3 STREET ADDRESS **-05/23/96--01018--045**
5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE Change 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: *Rev. Hoover Atkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

954-735-1180
Daytime Phone #

CR2E037 (12/95)