

FILE NOW: FILING FEE IS \$61.25

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Sep 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000489 (3)**

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



Principal Place of Business <b>1400 N.W. 18TH ST. POMPANO BEACH FL 33069</b>	Mailing Address <b>REV. HOOVER ATKINS 2720 SOMERSET DR., #W-107 LAUDERDALE LAKES FL 33311-9414</b>
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3. Date Incorporated or Qualified <b>01/27/1995</b>	3a. Date of Last Report <b>05/22/1996</b>
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2. Principal Place of Business 21 <b>1400 N.W. 18th St.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2720 SOMERSET DR #W.107</b> Suite, Apt. #, etc.
22 <b>NEW BEGINNING M.B.C.</b> City & State	27 <b>Ft. LAUDERDALE FL. 33311</b> City & State
23 <b>POMPANO BEACH FL.</b> Zip	28 Zip
24 <b>33069</b> Country 25 <b>Broward</b>	29 <b>33311</b> Country 30 <b>Broward</b>

4. FEI Number <b>65-0543637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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 **REV. W.C. BELL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3430 N.W. 2ND ST**

83

84 City **Ft. LAUDERDALE** FL 85 Zip Code **33311**

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 **Rev. W.C. Bell** PASTOR **Rev. W.C. Bell**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE **JULY 16 / 1997**

12. OFFICERS AND DIRECTORS

TITLE <b>P.D.</b>	NAME <b>ATKINS, REV. HOOVER</b>	STREET ADDRESS <b>2720 SOMMERSET DR., #W-7</b>	CITY-ST-ZIP <b>LAUDERDALE LAKES FL 33311</b>	<input type="checkbox"/> DELETE
TITLE <b>S.D.</b>	NAME <b>THOMPSON, WILLIE MAE</b>	STREET ADDRESS <b>113 N.W. 7TH CT.</b>	CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> DELETE
TITLE <b>T.D.</b>	NAME <b>MADISON, MAUDE</b>	STREET ADDRESS <b>490 N.W. 3RD AVE.</b>	CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PASTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>REV. HOOVER ATKINS</b>	
1.3 STREET ADDRESS	<b>2720 SOMERSET DR # W. 107</b>	
1.4 CITY-ST-ZIP	<b>LAUDERDALE FL 33311</b>	
2.1 TITLE	<b>S.D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILLIE MAE THOMPSON</b>	
2.3 STREET ADDRESS	<b>113 N.W. 7th Ct.</b>	
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
3.1 TITLE	<b>T.D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MAUDE MADISON</b>	
3.3 STREET ADDRESS	<b>490 N.W. 3RD. AVE</b>	
3.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 **Rev. W.C. Bell** PASTOR **Rev. W.C. Bell** DATE **JULY 16 / 1997**

CR2E037 (9/96)