

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90007 014 \*\*\*\*61.25

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1. Corporation Name

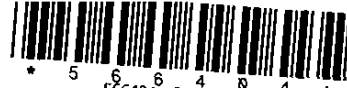
NEW BEGINNING MISSIONARY BAPTIST CHURCH OF POMPA  
NO BEACH, INC.

Principal Place of Business

1400 N.W. 18TH ST.  
NEW BEGINNING M.B.C.  
POMPANO BEACH FL 33069  
US

Mailing Address

2720 SOMERSET DR #W107  
FT LAUDERDALE FL 33311  
US



566404 - 90007 - 14



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

3. Date Incorporated or Qualified

01/27/1995

4. FEI Number

65-0543637

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

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

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 2720 Somerset Dr  
1.2 NAME W. 107.  
1.3 STREET ADDRESS Ft. Lauderdale FL 33311  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 113 NW 7th Deerfield Beach FL  
2.2 NAME Willie Mae Thompson  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 33441

Change Addition

3.1 TITLE Maude Madison  
3.2 NAME  
3.3 STREET ADDRESS 490 N.W. 3rd Ave  
3.4 CITY-ST-ZIP Deerfield Bch. FL

Change Addition

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

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99 954-735-1180

Date

Daytime Phone #

CR2E037 (11/98)