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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000000489

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0543637	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		30 <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BELL, REV. W.C. 3430 N.W. 2ND ST. FT. LAUDERDALE FL 33311				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	2720 Somerset Dr <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINS, REV. HOOVER		1.2 NAME	E.W. 107.	
STREET ADDRESS	2720 SOMMERSET DR., #W-7		1.3 STREET ADDRESS	Ft. LAUDERDALE FL 33311	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	113 NW 7th Deerfield Beach FL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, WILLIE MAE		2.2 NAME	Willie Mae Thompson 33441	
STREET ADDRESS	113 N.W. 7TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Maude Madison <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADISON, MAUDE		3.2 NAME	490 N.W. 3rd Ave	
STREET ADDRESS	490 N.W. 3RD AVE.		3.3 STREET ADDRESS	Deerfield Bch. FL	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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]* **RETIRED** Date: **5/24/99** Daytime Phone #: **954-735-1180**

CR2E037 (11/98)