

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # N95000002651 (6)

1. Corporation Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC



Principal Place of Business Mailing Address
3625 BONNIE DR 3625 BONNIE DR
APOPKA FL 32703 APOPKA FL 32703
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1995 3a. Date of Last Report 05/01/1996

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-3323066 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input checked="" type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Zip | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 29 | Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country | Country | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

KAZMIER, GREGORY R
820 CHICAGO AVE.
OCOOEE FL 34761

10. Name and Address of New Registered Agent

81 Name Gregory R. Kazmier
82 Street Address (P.O. Box Number is Not Acceptable) 3625 Bonnie Dr
83
84 City Apopka FL 85 Zip Code 32703

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

7/26/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KAZMIER, GREGORY R | |
| STREET ADDRESS | 3625 BONNIE DRIVE | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KAZMIER, POLLY | |
| STREET ADDRESS | 3625 BONNIE DRIVE | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHEPPARD, JUDY | |
| STREET ADDRESS | 3625 BONNIE DRIVE | |
| CITY-ST-ZIP | APOPKA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Gregory R. Kazmier | |
| 1.3 STREET ADDRESS | 3625 Bonnie Dr. | |
| 1.4 CITY-ST-ZIP | APOPKA, FL 32703 | |
| 2.1 TITLE | Vice President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Polly Kazmier | |
| 2.3 STREET ADDRESS | 3625 Bonnie Dr | |
| 2.4 CITY-ST-ZIP | APOPKA, FL 32703 | |
| 3.1 TITLE | Treasurer/Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Judy Sheppard | |
| 3.3 STREET ADDRESS | 3625 Bonnie Dr | |
| 3.4 CITY-ST-ZIP | APOPKA, FL 32703 | |
| 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

SIGNATURE REQUIRED Kazmier 7/26/97 407-388-XXXX

CR2E037 (4/97)