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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000002651 (6)

1. Corporation Name

NEW BEGINNING MINISTRIES OF CENTRAL FLORIDA, INC



Principal Place of Business

Mailing Address

3625 BONNIE DR
APOPKA FL 32703
US

3625 BONNIE DR
APOPKA FL 32703
US

3. Date Incorporated or Qualified

06/07/1995

4. FEI Number

59-3323066

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAZMIER, GREGORY R
3625 BONNIE DR
APOPKA FL 32703

81 Name Polly A. 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

6-30-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KAZMIER, GREGORY R
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL

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

V.P.D. X Change
Gregory R Kazmier
3625 BONNIE DR
APOPKA, FL 32703

TITLE VPD
NAME KAZMIER, POLLY
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD X Change
Polly A. Kazmier
3625 BONNIE DR.
APOPKA, FL 32703

TITLE TS
NAME SHEPPARD, JUDY
STREET ADDRESS 3625 BONNIE DRIVE
CITY-ST-ZIP APOPKA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

X Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

X Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

X Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

X 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.

CR2E037 (10/97)