

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 22 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000337 (3)
 1. Corporation Name
"NEW BEGINNINGS" OUTREACH CENTER, INC.



Principal Place of Business 1220 EAST LOMBARDY DR. DELTONA FL 32725	Mailing Address 1220 EAST LOMBARDY DR. DELTONA FL 32725
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 840 Deltona Blvd Suite, Apt. #, etc. 22 Suite "0" City & State 23 Deltona, Fl. Zip 24 32725	2a. Mailing Address 25 P.O. BOX 5781 Suite, Apt. #, etc. 27 City & State 28 Deltona, Fl. Zip 29 32725	3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
		4. FEI Number 59-3382362	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 CASTRIOTA, LOUIS D
 1220 EAST LOMBARDY DR.
 DELTONA FL 32725

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 840 Deltona Blvd. Suite "0"
 83 ~~P.O. BOX 5781~~
 84 City
 Deltona, FL 85 Zip Code
 32725

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D. Louis D. Castriota <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRIOTA, LOUIS D	1.2 NAME	President/Pastor
STREET ADDRESS	1220 EAST LOMBARDY DR.	1.3 STREET ADDRESS	1671 Jordan Ter.
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	Deltona, Fl. 32725
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, SEAN A	2.2 NAME	CASTRIOTA, JANET F.
STREET ADDRESS	148 WEST FERN DRIVE	2.3 STREET ADDRESS	1671 JORDAN TERRACE
CITY-ST-ZIP	ORANGE CITY FL 32783	2.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCKETT, DIANA X	3.2 NAME	William B. Smith
STREET ADDRESS	148 WEST FERN DRIVE	3.3 STREET ADDRESS	1435 Voltaire St.
CITY-ST-ZIP	ORANGE CITY FL 32783	3.4 CITY-ST-ZIP	Deltona, Fl. 37238
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mary Peterson
STREET ADDRESS		4.3 STREET ADDRESS	1309 Trail By The Lake
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deland, Fl. 32720
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	John A. Macdonald
STREET ADDRESS		5.3 STREET ADDRESS	1175 George Ryan Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deland, Fl. 32724
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Donald J. Dubey
STREET ADDRESS		6.3 STREET ADDRESS	380 Foothill Farms Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orange City, Fl. 32763

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 _____

CFR2037 (4/97)