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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
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DOCUMENT # N98000006289

1. Corporation Name

NEW BEGINNING FAITH MINISTRIES, INCORPORATED

Principal Place of Business

1915 E. CRENSHAW
TAMPA FL 33610

Mailing Address

P.O. BOX 1684
RIVERVIEW FL 33568-1684



124897 90824 29

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/02/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3539137	
24 Country		29 Country		30 Country	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

LONGMORE, CAROLYN
5112 SPICEWOOD CT.
TAMPA FL 33624

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED	1.1 TITLE				
NAME	ROBERSON, MARVIN C		1.2 NAME				
STREET ADDRESS	1915 E. CRENSHAW		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610		1.4 CITY-ST-ZIP				
TITLE	D	DELETED	2.1 TITLE				
NAME	QUINN, CRAIG SR		2.2 NAME				
STREET ADDRESS	3304 ACAPULCO DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	RIVERVIEW FL 33569		2.4 CITY-ST-ZIP				
TITLE	D	DELETED	3.1 TITLE				
NAME	WILSON, DORIS		3.2 NAME				
STREET ADDRESS	1811 SO. OAK ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEFFNER FL 33584		3.4 CITY-ST-ZIP				
TITLE	D	DELETED	4.1 TITLE				
NAME	ARMWOOD, DAISY		4.2 NAME				
STREET ADDRESS	621 GRANKAYMAN WY		4.3 STREET ADDRESS				
CITY-ST-ZIP	APOLLO BEACH FL 33572		4.4 CITY-ST-ZIP				
TITLE	D	DELETED	5.1 TITLE				
NAME	GRAHAM, ALLEN		5.2 NAME				
STREET ADDRESS	3902 NAPA PL.		5.3 STREET ADDRESS				
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 TITLE				
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: ALLEN GRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 1999

Date

Daytime Phone #

CR2E037 (11/98)