

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766381 (8)**  
 1. Corporation Name  
**NEW BIRTH GOSPEL TABERNACLE INC.**



Principal Place of Business <b>C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 34450 US</b>	Mailing Address <b>C/O LARRY CHESTER 225 N. SEMINOLE AVE. INVERNESS FL 34450 US</b>
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3. Date Incorporated or Qualified <b>01/03/1983</b>		
4. FEI Number <b>00-1660019</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**JACKSON, BRENDA  
3228 LLOYD ST  
INVERNESS FL 34453**

10. Name and Address of New Registered Agent

81. Name <b>George Schmalstig</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>10337 West Pamondeho Circle</b>	
83. City <b>Crystal River</b>	
84. State <b>FL</b>	85. Zip Code <b>34428</b>

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: *George Schmalstig* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, LARRY</b>	
STREET ADDRESS	<b>3455 E. JONAH PLACE</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, TOM V.</b>	
STREET ADDRESS	<b>3455 E. JONAH PL.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKSON, BRENDA</b>	
STREET ADDRESS	<b>3228 LLOYD ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, LONNIE</b>	
STREET ADDRESS	<b>3101 E DEAL ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JOE</b>	
STREET ADDRESS	<b>828 TWIGG ST</b>	
CITY-ST-ZIP	<b>ROOKSVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESTER, KIM V.</b>	
STREET ADDRESS	<b>400 S. SNAPP AVE.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>T Patricia Randle</b>
1.3 STREET ADDRESS	<b>3264 East Kendey Street</b>
1.4 CITY-ST-ZIP	<b>Inverness, FL 34453</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>M George Schmalstig</b>
3.3 STREET ADDRESS	<b>10337 West Pamondeho Circle</b>
3.4 CITY-ST-ZIP	<b>Crystal River, FL 34428</b>
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 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: *Larry Chester, Pastor Larry Chester 3/19/98*

CP2E037 (10/97)