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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90001 022 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 766381

1. Corporation Name

NEW BIRTH GOSPEL TABERNACLE INC.

9 9 8 1 4  
 99014 - 90001 - 22

Principal Place of Business

C/O LARRY CHESTER  
 225 N. SEMINOLE AVE.  
 INVERNESS FL 34450  
 US

Mailing Address

C/O LARRY CHESTER  
 225 N. SEMINOLE AVE.  
 INVERNESS FL 34450  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

01/03/1983

4. FEI Number

00-1660019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHMALSTIG, GEORGE  
 10337 WEST PAMONDEHO CIR  
 CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name TUWANA ROBERTSON  
 82 Street Address (P.O. Box Number is Not Acceptable) 917 LEROY BELLAMY ROAD  
 83  
 84 City INVERNESS FL 85 Zip Code 34450

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 *Tuwana Robertson*

1-11-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHESTER, LARRY	
STREET ADDRESS	3455 E. JONAH PLACE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESTER, TONI V.	
STREET ADDRESS	3455 E. JONAH PL.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RANDLE, PATRICIA	
STREET ADDRESS	3264 E KENDEY ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESTER, LONNIE	
STREET ADDRESS	3101 E DEAL ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOE	
STREET ADDRESS	828 TWIGG ST	
CITY-ST-ZIP	ROOKSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHESTER, KIM V.	
STREET ADDRESS	460 S. SNAPP AVE.	
CITY-ST-ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	TUWANA ROBERTSON
6.3 STREET ADDRESS	917 LEROY BELLAMY RD
6.4 CITY-ST-ZIP	INVERNESS, FL 34450

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: *Larry Chester*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 (352)637-3047  
 Date Daytime Phone #

CR2E037 (1/198)