FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

704384 DOCUMENT #

(7)

GREATER NEW BETHLEHEM MISSIONARY BAPTIST CHURCH, INC.

Principal Place of	or Business	Mailing Address	Maiing Address						
420 NORTHWEST 40TH STREET MIAMI FL 33127		420 NORTHWEST 40TH STREET MIAMI FL 33127							
						3. Date Incorporated or Qualified 08/07/1962			ast Report /1995
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1767475			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing		\$5	.00 May Be
23		28	_			Trust Fund Contribution		Ac	ided to Fees
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Re	gistered /	gent	
				81 1	Name				
	s, vane, sr.		82 Street Add			ress (P.O. Box Number is Not Acceptable)		
	40TH STREET								
,miami fl	. 33127		'	83					
			Ī	84 (City			85	Zip Code
		10174500 51 14 014				ration submits this statement for the purp	FL.	00100	to registered office
or registere	of the provisions of gettions of 7,000% of agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the co	orpora	ation's boar	rd of directors. I hereby accept the appoi	intment as	registe	red agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable [NO	TE Registered A	Agent siç	gnature require	d when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRE.C	TORS IN 12
TITLE	PD DELETE		1.1 1111	LE				Cnan	ge 🔲 Addition
NAME	EUBANKS, VANE, SR.		1.2 NAM	ME					
STREET ADDRESS	1039 N.W. 46TH ST.		1.3 STR	REET AD	DRESS				
CITY-ST-ZIP	MIAMI FL			Y-ST-2	ZIP .				
TITLE	VD	DELETE	21 TITLE				L	Chan	ge
NAME	DELAUGHTER, HOWARD		2.2 NA						
STREET ADDRESS	1136 N.W. 47 TERRACE			REET AD					
CITY-ST-ZIP	MIAMI FL	Filocotat		TY-ST-	ZIP] Chan	ge
TITLE	, COLEY, CLINTON	DELETE	3 1 111				·	Glian	de [] voquion
NAME	2320 N.W. 87TH TERR.			ME + Reet ad					
STREET ADDRESS	MIAMI FL			TY-ST-					
CITY-ST-ZIP TITLE	SO	DELETE	41711		ZIF			Chan	ge 🔲 Addition
NAME	CLAYTON, MARY L	_	4 2 NA						
STREET ADDRESS	61 NW 47TH ST		4 3 ST	REET AD	DRESS				
CITY-ST-ZIP	MIAMI FL			Y-ST-					
TITLE		DELETE	5 1 T/T	LE				Char	ge 🔲 Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5 3 STF	REET AD	ODRESS				
CITY-ST-ZIP			5.4 CIT	ry-SI-	ZIP				
TITLE		DELETE	6 1 TIT	LE.		40000187 -06/28/ <u>9</u> 6010	'89 ¹	1 C4	ige Addition
NAME			6 2 NA	ME		-06/28/96010	1804	īo '	
STREET ADDRESS			6.3 ST	REET AD	OORESS	***61.25		-	
CITY - ST - ZIP			6 4 CIT	IY-ST-	ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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:

SIGNATURE:

SIGNATURE OF SIGNING OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR