## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 13, 2007 08:00 AM Secretary of State

ANNUAL REPURT	Sep 13, 2007 00:00 A
DOCUMENT # 704384  1. Entity Name GREATER NEW BETHLEHEM MISSIONARY BAPTIST CHURCH, INC.	Secretary of State
Principal Place of Business Mailing Address 420 NORTHWEST 40TH STREET 420 NORTHWEST 40TH STREET MIAMI, FL 33127 MIAMI, FL 33127	_
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent	08172007 No Chg-NP CR2E037 (4/06)  4. FEI Number
EUBANKS, VANE, SR	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Vanety Vane Eub 2ntl St. Dresident Suprature, typed or printed name of registered agent and title if applicable  INDTE Registered Agent signature when reinstating)  DATE  DATE	
bud by September 14, 2007	\$5.00 May Be Added to Fees
TITLE  NAME  EUBANKS, VANE, SR.  32940 N.W. 187TH TERRACE  MIAMI, FL 33055  DITLE  NAME  BUTLER, LEROY  420 NORTHWEST 40TH STREET  MIAMI, FL 33127  DITLE  NAME  HOLMES, R.C.  420 NORTHWEST 40TH STREET  MIAMI, FL 33127  HILE  NAME  HOLMES, R.C.  420 NORTHWEST 40TH STREET  MIAMI, FL 33127  HILE  SIBLI ADDRESS  CITY-SI-ZIP  MILS, DELORES L  SIBLI ADDRESS  CITY-SI-ZIP  MIAMI, FL  TITLE  NAME  SIBLI ADDRESS  CITY-SI-ZIP  MIAMI, FL  TITLE  NAME  SIBLI ADDRESS  CITY-SI-ZIP  MIAMI, FL  TITLE  NAME  SIBLI ADDRESS  CITY-SI-ZIP	U00000773895 09/13/07-80003-025 81.25 DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	