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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N41880** (8)
1. Corporation Name
MOUNT BETHEL BAPTIST CHURCH CREDIT UNION, INC.

Principal Place of Business Mailing Address
901 NW 11TH AVENUE FT. LAUDERDALE FL 33311 **901 NW 11TH AVENUE FT. LAUDERDALE FL 33311**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1991** 3a. Date of Last Report **05/01/1994**

4. FBI Number **65-0240663** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under R. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CE GLOVER
9061 NW 11TH CT
PLANTATION FL 33322**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GLOVER, C.E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9061 NW 11TH COURT PLANTATION FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD HAMILTON, EDWIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2323 NW 19TH STREET FT. LAUDERDALE FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	STD ANDERSON VIRGINIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9965 NW 9TH CT PLANTATION FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D BATTLE, MOZELL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1730 NW 35TH TERRACE FT. LAUDERDALE FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D JONES, ROY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1831 NW 38TH AVENUE FT. LAUDERDALE FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D REED, WILLIAM	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	750 NW 43RD AVENUE PLANTATION FL	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 110.07(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 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: *Sk Glover* **4/26/95** **305-763-3841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Change #)