

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

2-21-96 B 1405 C

DOCUMENT # **728234 (6)**
1. Corporation Name
GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH



Principal Place of Business: **160 NORTHWEST 18TH ST. MIAMI FL 33136-1718**
Mailing Address: **160 NORTHWEST 18TH ST. MIAMI FL 33136-1718**

3. Date Incorporated or Qualified: **01/08/1974**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-1689749**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

10. Name and Address of New Registered Agent
81. Name: **SAME**
82. Street Address (P.O. Box Number is Not Acceptable): **5617 WASHINGTON ST. #62E**
83. City: **HOLLYWOOD FL**
85. Zip Code: **33023**

9. Name and Address of Current Registered Agent
**BIVENS, ERNEST J.
16121 N W 17TH PLACE
OPA-LOCKA FL 33054**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAHAM, CHRIS	1.2 NAME	
STREET ADDRESS	20429 N.W. 27TH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, O. G.	2.2 NAME	
STREET ADDRESS	1100 N W 50TH STREEET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 0	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIN, EDITH	3.2 NAME	
STREET ADDRESS	285 NW 51ST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUHART, BARTOW JR	4.2 NAME	
STREET ADDRESS	9120 NW 13TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, MAE FRANCES	5.2 NAME	S WILCOX, THELMA
STREET ADDRESS	2480 NW 155TH ST	5.3 STREET ADDRESS	2000 N.W. 119TH STREET #923
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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 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: Edith Alvin **EDITH ALVIN** **2-12-96** **(305) 634-6572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)