2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728234

FILED Apr 26, 2004 Secretary of State

Entity Name: GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH

Current Principal Place of Business: New Principal Place of Business: 160 NORTHWEST 18TH ST. MIAMI, FL 331361718 **Current Mailing Address: New Mailing Address:** 160 NORTHWEST 18TH ST. MIAMI, FL 331361718 FEI Number: 59-1689749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIVENS, ERNEST J. 16121 NW 17TH PLACE MIAMI, FL 33054 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLOYD, GREGORY L Name: Name: Address: 19700 NW 12TH CT Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: () Change () Addition WASHINGTON, KENNETH L Name: Name: Address: 16501 NW 23RD CT Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition BURCH, BARBARA Name: FLOYD, CORLETTE Name: 1824 NW 5TH PL 19700 NW 12TH CT Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: () Change () Addition DUHART, BARTOW JR Name: Name: 9120 NW 13TH AVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: SD (X) Delete Title: () Change () Addition WILCOX, THELMA Name: Name: 2000 NW 119TH STREET SUITE 923 Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition JAMES, TINA JAMES TINA Name: Name: Address: 2234 NORTHWEST 99 STREET Address: 1889 NW 89TH TERRACE MIAMI, FL 33147 MIAMI, FL 33147 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA JAMES S 04/26/2004