


# 2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728234</b> 1. Entity Name <b>GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH</b>	
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Principal Place of Business <b>160 NORTHWEST 18TH ST. MIAMI FL 33136-1718</b>	Mailing Address <b>160 NORTHWEST 18TH ST. MIAMI FL 33136-1718</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/06)

4. FEI Number <b>59-1689749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>BIVENS, ERNEST J. 16121 NW 17TH PLACE MIAMI FL 33054</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, WILLIE
STREET ADDRESS	1920 NW 115TH ST
CITY-ST-ZIP	MIAMI FL 33167
TITLE	PD <input type="checkbox"/> Delete
NAME	WASHINGTON, KENNETH L
STREET ADDRESS	16501 NW 23RD CT
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> Delete
NAME	PLA, HELEN
STREET ADDRESS	17520 NW 10TH CT
CITY-ST-ZIP	MIAMI FL 33169
TITLE	S <input type="checkbox"/> Delete
NAME	WILCOX, THELMA
STREET ADDRESS	2000 NW 119TH ST, # 923
CITY-ST-ZIP	MIAMI FL 33167
TITLE	T <input type="checkbox"/> Delete
NAME	BIVENS, ERNEST J
STREET ADDRESS	16121 NW 17TH PL
CITY-ST-ZIP	MIAMI GARDENS FL 33054
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000636396
CITY-ST-ZIP	02/26/07-80015-006 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ernest J. Bivens      2/11/07      305-621-8400