


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

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

| | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 728234 1. Entity Name GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH |  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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



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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent BIVENS, ERNEST J. 16121 NW 17TH PLACE MIAMI FL 33054 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

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|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 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