

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 18

DOCUMENT # 753233 (6)

1. Corporation Name

**GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH, OF  
FORT PIERCE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

2510 AVE. N.  
P.O. BOX 2697  
FT. PIERCE FL 34947

2510 AVE. N.  
P.O. BOX 2697  
FT. PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1980** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2354822** 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 S. 199.032, Florida Statutes  Yes  No

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEVES, ARTHUR  
2510 AVE N.  
FT. PIERCE FL 34947

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	REEVES, CHARLIE JR.
STREET ADDRESS	2707 AVE. T
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VD
NAME	COBB, WILLIE
STREET ADDRESS	808 NO 20 STR
CITY-ST-ZIP	FT. PIERCE FL
TITLE	PMO
NAME	REEVES, ARTHUR
STREET ADDRESS	2510 AVE N
CITY-ST-ZIP	FT. PIERCE FL
TITLE	DC
NAME	SPIVEY, MINNE
STREET ADDRESS	1405 AVE. M
CITY-ST-ZIP	FT. PIERCE FL
TITLE	SD
NAME	CLARK, SANDFORD D
STREET ADDRESS	2601 AVE M
CITY-ST-ZIP	FT. PIERCE FL
TITLE	S
NAME	BULLOCK, LONNE
STREET ADDRESS	2233 N. 47TH ST.
CITY-ST-ZIP	FT. PIERCE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.037(3)(a), 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, unchanged, or on an attachment with an address.

SIGNATURE DATE \_\_\_\_\_