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FILED
Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 34947-1927

3. Date Incorporated or Qualified
07/03/1980

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 305 North 8th Street

26 305 7th 8th Street

4. FEI Number
59-2354822

Applied For
Not Applicable

Suite, Apt. #, etc.
22 P.O. Box 2697

Suite, Apt. #, etc.
27 P.O. Box 2697

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 Ft. Pierce FL.

28 Ft. Pierce FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

24 34950

25 St. Lucie

Zip

Country

29 34950

30 St. Lucie

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

2/2/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	REEVES, CHARLIE JR.	
STREET ADDRESS	2707 AVE. T	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COBB, WILLIE	
STREET ADDRESS	806 NO 20 STR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	PMD	<input type="checkbox"/> DELETE
NAME	REEVES, ARTHUR	
STREET ADDRESS	2510 AVE N	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SPIVEY, MINNIE	
STREET ADDRESS	1405 AVE. M	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLARK, SANDFORD D	
STREET ADDRESS	2601 AVE M	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BULLOCK, LONNIE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DC ARTHUR Reeves
3.3 STREET ADDRESS	2510 Ave N
3.4 CITY-ST-ZIP	Ft. Pierce FL.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PMD INGRAM, Clarence
4.3 STREET ADDRESS	1618 NORTH 19th Street
4.4 CITY-ST-ZIP	Ft. Pierce, FL.
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 checked="" type="checkbox"/> Addition
6.2 NAME	S MARTIN Catherine
6.3 STREET ADDRESS	3105 Kingsley Drive
6.4 CITY-ST-ZIP	Ft. Pierce, FL.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

2/2/97
Date

489-0485
Daytime Phone # 0070773

CR2E037 (9/96)