

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753233 (6)**

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



Principal Place of Business <b>305 N 8TH ST                  PO BOX 2697                  FT. PIERCE FL 34950                  US</b>	Mailing Address <b>305 N 18TH ST                  P.O. BOX 2697                  FT. PIERCE FL 34950                  US</b>
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3. Date Incorporated or Qualified <b>07/03/1980</b>	
4. FEI Number <b>59-2354822</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>305 N 18th St.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>P.O. Box 2697</b>
City & State <b>23</b>	City & State <b>28</b> <b>Ft. Pierce FLA.</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b> <b>34950</b>	Country <b>30</b> <b>St. Lucie</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**REEVES, ARTHUR  
 2510 AVE N.  
 FT. PIERCE FL 34947**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T REEVES, CHARLIE JR. 2707 AVE. 'T' FT. PIERCE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
VD COBB, WILLIE 806 NO 20 STR FT. PIERCE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
DC REEVES, ARTHUR 2510 AVE N FT PIERCE FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
PMD INGRAM, CLARENCE 1818 N 19TH ST FT. PIERCE FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
SD CLARK, SANDFORD D 2601 AVE M FT. PIERCE FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
S MARTIN, CATHERINE 3105 KINGSLEY DR FT. PIERCE FL	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CFR2037 (10/97)