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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90132 038 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 753233

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

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| Principal Place of Business 305 N 8TH ST PO BOX 2697 FT. PIERCE FL 34950 US | Mailing Address 305 N 8TH STREET P.O. BOX 2697 FT. PIERCE FL 34950 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/03/1980 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2354822 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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|---|---|
| 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 FL 85 Zip Code |
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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 | |
|----------------------------|---|---|---|
| TITLE | T REEVES, CHARLIE JR. 2707 AVE. "T" FT. PIERCE FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, CHARLIE JR. | 1.2 NAME | |
| STREET ADDRESS | 2707 AVE. "T" | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD COBB, WILLIE 806 NO 20 STR FT. PIERCE FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBB, WILLIE | 2.2 NAME | |
| STREET ADDRESS | 806 NO 20 STR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 2.4 CITY-ST-ZIP | |
| TITLE | DC REEVES, ARTHUR 2510 AVE N FT PIERCE FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REEVES, ARTHUR | 3.2 NAME | |
| STREET ADDRESS | 2510 AVE N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE FL | 3.4 CITY-ST-ZIP | |
| TITLE | PMD INGRAM, CLARENCE 1618 N 19TH ST FT. PIERCE FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INGRAM, CLARENCE | 4.2 NAME | |
| STREET ADDRESS | 1618 N 19TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 4.4 CITY-ST-ZIP | |
| TITLE | SD CLARK, SANDFORD D 2601 AVE M FT. PIERCE FL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, SANDFORD D | 5.2 NAME | |
| STREET ADDRESS | 2601 AVE M | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 5.4 CITY-ST-ZIP | |
| TITLE | S MARTIN, CATHERINE 3105 KINGSLEY DR FT. PIERCE FL | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, CATHERINE | 6.2 NAME | |
| STREET ADDRESS | 3105 KINGSLEY DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: *Signature Required* 4/27/99 489-0485
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)