

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90005 016 \*\*\*\*61.25

<b>DOCUMENT # 753233</b> 1. Entity Name <b>GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH, OF FORT PIERCE, FLORIDA, INC.</b>					
Principal Place of Business <b>305 N 8TH ST PO BOX 2697 FT. PIERCE, FL 34950 US</b>			Mailing Address <b>305 N 8TH STREET P.O. BOX 2697 FT. PIERCE, FL 34950 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2354822</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INGRAM, CLARENCE REV 1618 NORTH 19TH STREET FORT PIERCE, FL 34946</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE <b>7/5/04</b>	
SIGNATURE <i>Rev Clarence L Ingram / Pastor</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by September 8, 2004	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	T	REEVES, CHARLIE JR.	2707 AVE. "T" FT. PIERCE, FL		
	VD	COBB, WILLIE	806 NO 20 STR FT. PIERCE, FL		
	PMD	INGRAM, CLARENCE	1618 N 19TH ST FT. PIERCE, FL		
	SD	CLARK, SANDFORD D	2601 AVE M FT. PIERCE, FL		
	S	MARTIN, CATHERINE	3105 KINGSLEY DR FT. PIERCE, FL		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PMD	INGRAM, CLARENCE	2221 North 53rd Street Fort Pierce, FL		
12. 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 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: <i>Catherine Martin - Catherine Martin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7-5-04</b> Daytime Phone #	

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