

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90196 050 \*\*\*\*61.25



**DOCUMENT # 753233**  
 1. Entity Name  
**GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH, OF FORT PIERCE, FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 305 N 8TH ST                      305 N 8TH STREET  
 PO BOX 2697                      P.O. BOX 2697  
 FT. PIERCE, FL 34950 US      FT. PIERCE, FL 34950 US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip      Country                      Zip      Country

04182007    Chg-NP                      CR2E037 (12/06)  
 4. FEI Number                      Applied For  
**59-2354822**                      Not Applicable  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**INGRAM, CLARENCE REV**  
**1618 NORTH 19TH STREET**  
**FORT PIERCE, FL 34946**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                      FL      Zip Code

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.

SIGNATURE Clarence L. Ingram (Pastor)                      4-17-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**      9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees      Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSTON, JEROME 3907 AVE O FT. PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, WILLIE 806 NO 20 STR FT. PIERCE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD INGRAM, CLARENCE 2221 NORTH 53RD STREET FT. PIERCE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, SANDFORD D 2601 AVE M FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete <i>Change to</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, CATHERINE 3105 KINGSLEY DR FT. PIERCE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Harris, James E. 2703 Booker Street Ft. PIERCE, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Catherine Martin / Catherine Martin      4-17-07      772-489-0485  
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR      Date      Daytime Phone #