

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2354822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, CLARENCE REV
1618 NORTH 19TH STREET
FORT PIERCE, FL 34946

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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: Rev. Clarence L Ingram Pastor DATE: 4/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HOUSTON, JEROME
STREET ADDRESS	3907 AVE O
CITY-ST-ZIP	FT. PIERCE, FL 34946
TITLE	VD
NAME	COBB, WILLIE
STREET ADDRESS	806 NO 20 STR
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	PMD
NAME	INGRAM, CLARENCE
STREET ADDRESS	2221 NORTH 53RD STREET
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	SD
NAME	HARRIS, JAMES E
STREET ADDRESS	2703 BOOKER STREET
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	S
NAME	MARTIN, CATHERINE
STREET ADDRESS	3105 KINGSLEY DR
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/21/08-80117-025 61.25

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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 Church Secretary DATE: 4/27/08 Daytime Phone #: 772-489-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR