



**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 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
DO NOT WRITE IN THIS SPACE		
		 04292008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 59-2354822 Applied For <input type="checkbox"/> 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		DO NOT WRITE IN THIS SPACE
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 <u><i>Rev. Clarence L. Ingram Pastor</i></u> DATE <u><i>4/27/08</i></u> <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 May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSTON, JEROME 3907 AVE O FT. PIERCE, FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, WILLIE 806 NO 20 STR FT. PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD INGRAM, CLARENCE 2221 NORTH 53RD STREET FT. PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, JAMES E 2703 BOOKER STREET FT. PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, CATHERINE 3105 KINGSLEY DR FT. PIERCE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Catherine Martin</i></u> <i>Church Secretary</i> DATE <u><i>4/27/08</i></u> <i>772-489-0485</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		