

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761560 (2)

1. Corporation Name

NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, I
NCORPORATED OF LAKE LAND, FLORIDA

Principal Place of Business

Mailing Address

2122 MARTIN LUTHER KING JR. AVE.
LAKE LAND FL 33805

2122 MARTIN LUTHER KING JR. AVE.
LAKE LAND FL 33805

97 SEP 11 PM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1982

3a. Date of Last Report
01/07/1997

4. FEI Number
63-2105938

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GLOVER, ESQ., KENNETH C
505 MARTIN LUTHER KING JR. AVE. #1
LAKE LAND FL 33815

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

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

Kenneth C. Glover
Signature, typed or printed name of registered agent and title if applicable

KENNETH C. GLOVER

8-5-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME THOMPSON, JIMMY J
STREET ADDRESS 2122 MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP LAKE LAND FL 33805 ☐ DELETE

TITLE VCD
NAME HONEYCUT, THERON
STREET ADDRESS 2020 FOREST CLUB DR.
CITY-ST-ZIP PLANT CITY FL 33567 ☒ DELETE

TITLE S
NAME CONNORS, CLARETHA
STREET ADDRESS 2338 GALLOWAY RD.
CITY-ST-ZIP LAKE LAND FL 33809 ☐ DELETE

TITLE T
NAME COX, GEORGE
STREET ADDRESS 124 BASSADENA CIRCLE
CITY-ST-ZIP LAKE LAND FL 33805 ☐ DELETE

TITLE D
NAME DENNIS, GWENDOLYN
STREET ADDRESS 1835 MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP LAKE LAND FL 33805 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VCD
2.2 NAME NEWTON, Mary J.
2.3 STREET ADDRESS 409 W. Quincy Street
2.4 CITY-ST-ZIP Lakeland, FL 33801 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E037 (4/97)