

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761560 (2)**  
 1. Corporation Name  
**NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATED OF LAKELAND, FLORIDA**

Principal Place of Business <b>2122 MARTIN LUTHER KING JR. AVE. LAKELAND FL 33805</b>	Mailing Address <b>2122 MARTIN LUTHER KING JR. AVE. LAKELAND FL 33805</b>
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3. Date Incorporated or Qualified  
**01/22/1982**

4. FEI Number <b>63-2105938</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip	Country	30. Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

9. Name and Address of Current Registered Agent  
**GLOVER, ESQ., KENNETH C  
 505 MARTIN LUTHER KING JR. AVE. #1  
 LAKELAND FL 33815**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 85. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> DELETE
NAME	THOMPSON, JIMMY J
STREET ADDRESS	2122 MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	LAKELAND FL 33805
TITLE	VCD <input type="checkbox"/> DELETE
NAME	NEWTON, MARY J
STREET ADDRESS	409 W. QUINCY STREET
CITY-ST-ZIP	LAKELAND FL 33801
TITLE	S <input type="checkbox"/> DELETE
NAME	CONNORS, CLARETHA
STREET ADDRESS	2338 GALLOWAY RD.
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	T <input type="checkbox"/> DELETE
NAME	COX, GEORGE
STREET ADDRESS	124 BASSADENA CIRCLE
CITY-ST-ZIP	LAKELAND FL 33805
TITLE	D <input type="checkbox"/> DELETE
NAME	DENNIS, GWENDOLYN
STREET ADDRESS	1635 MARTIN LUTHER KING JR. AVE.
CITY-ST-ZIP	LAKELAND FL 33805
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *[Signature]* **NATHAN B. BURED** 1-16-98 941-687-1994

CR2E037 (10/97)