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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761560

1. Corporation Name

NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATED OF LAKE LAND, FLORIDA

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/22/1982

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

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

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

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

TITLE VCD ☐ DELETE

NAME NEWTON, MARY J  
STREET ADDRESS 409 W. QUINCY STREET  
CITY-ST-ZIP LAKE LAND FL 33801

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

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

TITLE D ☐ DELETE

NAME DENNIS, GWENDOLYN  
STREET ADDRESS 1635 MARTIN LUTHER KING JR. AVE.  
CITY-ST-ZIP LAKE LAND FL 33805

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (941) 687-1994

CR2E037 (11/98)