

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90065 006 \*\*\*\*61.25

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<b>DOCUMENT # 761560</b> 1. Entity Name <b>NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INCORPORATED OF LAKE LAND, FLORIDA</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLOVER, ESQ., KENNETH C 505 MARTIN LUTHER KING JR. AVE. #1 LAKE LAND, FL 33815				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD		TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JIMMY J		NAME	PEARCE EWING	
STREET ADDRESS	2122 MARTIN LUTHER KING JR. AVE.		STREET ADDRESS	2122 Martin Luther King Jr. Ave	
CITY-ST-ZIP	LAKE LAND, FL 33805		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	VCD <input checked="" type="checkbox"/> Delete		TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDERLY, CHARLOTTE		NAME	CLARETHA CONNORS	
STREET ADDRESS	123 N KENTUCKY AVE. # 219		STREET ADDRESS	2338 Galloway Rd.	
CITY-ST-ZIP	LAKE LAND, FL 33801		CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNORS, CLARETHA		NAME	Charlotte Adderly	
STREET ADDRESS	2338 GALLOWAY RD.		STREET ADDRESS	123 N. Kentucky Ave. # 219	
CITY-ST-ZIP	LAKE LAND, FL 33809		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, LUCIAN		NAME	GERARD MOLIER	
STREET ADDRESS	1542 BOWMAN'S		STREET ADDRESS	1812 Bediviere	
CITY-ST-ZIP	LAKE LAND, FL 33807		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS, GWENDOLYN		NAME	Gwendolyn Dennis	
STREET ADDRESS	1635 MARTIN LUTHER KING JR. AVE.		STREET ADDRESS	1635 Martin Luther King Jr. Ave.	
CITY-ST-ZIP	LAKE LAND, FL 33805		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Pearce Ewing</u> <span style="float: right;">2-13-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					