2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002692

1. Entity Name
N.B.C./BETHEL-U.S.A. HOUSING INC. THIRTY-TWO

Principal Place of Business	Mailing Address
383 WASHINGTON STREET NEWARK, OH 43055	412 W. TENNESSEE STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

02192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1627254

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, REV. R.B. JR.
224 N MARTIN LUTHER KING BLVD.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000092699
03/19/04-80019-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PB
NAME	NOBLE, CHARLES W DR.
STREET ADDRESS	383 WASHINGTON STREET
CITY-ST-ZIP	NEWARK, OH 43055
TITLE	ST
NAME	BYRD, RALPH L
STREET ADDRESS	10637 VALENTINE ROAD NORTH
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	VB
NAME	ROYAL, ALTON W MR.
STREET ADDRESS	1820 VINEYARD WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	TB
NAME	WRIGHT, CHARLES DR.
STREET ADDRESS	6488 HEARTLAND CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DT
NAME	SERMON, RICHARD
STREET ADDRESS	9067 S. FOXWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	DT
NAME	CLACK, HAROLD
STREET ADDRESS	1115 FRAZER AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32310

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12. 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 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: _____ 3/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #