


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002692 1. Entity Name N.B.C./BETHEL-U.S.A. HOUSING INC. THIRTY-TWO	
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Principal Place of Business 383 WASHINGTON STREET NEWARK, OH 43055	Mailing Address 412 W. TENNESSEE STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1627254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000324245 04/22/05-80081-020 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB NOBLE, CHARLES W DR. 383 WASHINGTON STREET NEWARK, OH 43055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BYRD, RALPH L 10637 VALENTINE ROAD NORTH TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB ROYAL, ALTON W MR. 1820 VINEYARD WAY TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB WRIGHT, CHARLES DR. 6488 HEARTLAND CIRCLE TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SERMON, RICHARD 9067 S. FOXWOOD DRIVE TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLACK, HAROLD 1115 FRAZER AVENUE TALLAHASSEE, FL 32310	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #