2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F99000002692

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

Current Principal Place of Business:

383 WASHINGTON STREET
NEWARK, OH 43055

New Principal Place of Business:

Current Mailing Address:

224 NORTH MARTIN LUTHER KING JR. BLVD.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 31-1627254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HOLMES, R.B. JR.	
Address:	224 NORTH MARTIN LUTHER KING JR. BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32301 US	
Title:	S	( ) Delete
Name:	BYRD, RALPH L	
Address:	10637 VALENTINE ROAD NORTH	
City-St-Zip:	TALLAHASSEE, FL 32311 US	
Title:	VB	( ) Delete
Name:	ROYAL, ALTON W	
Address:	1820 VINEYARD WAY	
City-St-Zip:	TALLAHASSEE, FL 32317 US	
Title:	MEM	( ) Delete
Name:	WRIGHT, CHARLES DR.	
Address:	6488 HEARTLAND CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32312 US	
Title:	MEM	( ) Delete
Name:	SERMON, RICHARD	
Address:	9067 S. FOXWOOD DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	MEM	( ) Delete
Name:	CLACK, HAROLD	
Address:	1115 FRAIZER AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32305 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.B. HOLMES, JR. PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date