


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 003 ****70.00

DOCUMENT # N00000003995	
1- Entity Name GREATER NEW BETHEL CHRIST TEMPLE CHURCH, INC.	

Principal Place of Business 1322 E. MEMORIAL BLVD. LAKELAND FL 33801	Mailing Address 1322 E. MEMORIAL BLVD. LAKELAND FL 33801
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2. Principal Place of Business 1312 E. Memorial Blvd. Suite, Apt. #, etc. Lakeland FL. City & State Lakeland FL. Zip 33801 Country U.S.A.	3. Mailing Address 2005 S. Crystal Lake Dr. Suite, Apt. #, etc. City & State Lakeland FL. Zip 33801 Country U.S.A.
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-3624245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ABBOTT, JR., GEORGE E BISHOP 1322 E. MEMORIAL BLVD. LAKELAND FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ABBOTT, GEORGE BISHOP STREET ADDRESS 1324 E MEMORIAL BLVD CITY-ST-ZIP LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Abbott, George Bishop STREET ADDRESS 2005 S. Crystal Lake Dr. CITY-ST-ZIP Lakeland FL. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME MCBRIDE, SR., CHRISTOPHER D ELDER STREET ADDRESS 2211 PROVIDENCE RD CITY-ST-ZIP LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete	TITLE VT NAME McBride, Sr, Christopher D. Elder STREET ADDRESS 3215 Baird AVE. Apt R-113 CITY-ST-ZIP Lakeland FL. 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME JONES, AMANDA MINSTER STREET ADDRESS 1200 N. DAVIS AVE., LOT 49 CITY-ST-ZIP LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete	TITLE ST NAME Jones, Amanda Minister STREET ADDRESS 132 Shannon Dr. CITY-ST-ZIP Lakeland FL. 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TT NAME LEWIS, LORENZO MINSTER STREET ADDRESS 3737 COUNTRY LANE CITY-ST-ZIP LAKELAND FL 33810	<input type="checkbox"/> Delete	TITLE TT NAME Lewis, Lorenzo Minister STREET ADDRESS No Change CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George E Abbott Jr. **4/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #