

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001831

FILED
Jan 25, 2009
Secretary of State

Entity Name: NEW BETHEL MISSIONARY BAPTIST CHURCH OF PARRISH, INC.

Current Principal Place of Business:

11915 82ND STREET EAST
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-4604294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOZIER, ETHEL
7802 119TH AVENUE EAST
PARRISH, FL 34219 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: CD () Delete
Name: RUSSELL, DARINA S
Address: 8438 QUARTER HORSE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: DIXON, MARY E
Address: PO OFFICE BOX 176
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: CLARITT, MARGARET J
Address: P.O. BOX 384
City-St-Zip: WIMAUMA, FL 33598

Title: TD () Delete
Name: DOZIER, ETHEL M
Address: 7802 119TH AVENUE EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: ATKINS, ROOSEVELT
Address: PO BOX 97
City-St-Zip: PARRISH, FL 34219

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:

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: DARINA RUSSELL

CD

01/25/2009

Electronic Signature of Signing Officer or Director

Date