

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000005740**

**1. Entity Name**  
**THE NEW TESTAMENT BETHEL MINISTRY, INC.**



**Principal Place of Business**  
**1302 MALABAR RD S E**  
**PALM BAY, FL 32909**

**Mailing Address**  
**P O BOX 100305**  
**PALM BAY, FL 32910-0305**



04092007 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**  
**20-0123079**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEWINSON, MARILYN**  
**917 GARDEN BROOK CT SE**  
**PALM BAY, FL 32909**

**DO NOT WRITE  
IN THIS SPACE**

**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 re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>LEWINSON, SHEM A</b>
<b>STREET ADDRESS</b>	<b>917 GARDEN BROOK CT S E</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32909</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>LEWINSON, MARILYN</b>
<b>STREET ADDRESS</b>	<b>917 GARDEN BROOK CT SE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32909</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>IRISH, VILNA T</b>
<b>STREET ADDRESS</b>	<b>520 MALABAR RD. APT 205</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32907</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>HARRIS, SHIRLEY</b>
<b>STREET ADDRESS</b>	<b>1198 FAIRWAY CT. NE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32905</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WALKER, KATHLEEN</b>
<b>STREET ADDRESS</b>	<b>1715 NANATON ST. NW</b>
<b>CITY-ST-ZIP</b>	<b>PALM BAY, FL 32907</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/20/07-80128-014-61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the report as changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: MARILYN LEWINSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/07**  
Date