2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2007 8:00 am Secretary of State

DOCUMEN I # N0400002564 1. Entity Name NEW BETHEL BAPTIST CHURCH, INC.						04-12-2007	90025 041 ****70).00
Principal Place of Busine:-s 706 NORTH HIGHWAY 17 P. O. BOX 52 PIERSON, FL 32180		Mailing Address 706 NORTH HIGHWAY 17 P. O. BOX 52 PIERSON, FL 32180			10900160			I
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Numbe APPLIE	FOR 13-	ロフテロップターー	oplied For ot Applicable
Zio 🔾	Country	Zìp	Cou	untry_	5. Certificate	of Status Desired	S8.75 Add	ditional
	Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
ANDERSO	ON, GAILA M ESO			Name				
ANDERSON, GAILA M ESQ 2800 W. OAKLAND.PARK BLVD. STE. 305 FT: L'AUDERDALE, FL 33311				Street Address (P.O. Box Number is Not Acceptable)				
	ENDALE, FE 33311			City FL Zip Code			e	
	named ent ty submits this statement to	or the purpose of changing i	ts registere	ed office or re	gistered agent, or bot	h, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE .								•
	Signature, type i of priffind name of registered agent	end stie if applicable. (NO	TE: Registere	d Agent signeture i	equired when reinstating)		DATE	······································
_	Filing Fee is \$81.25 Due by May 1, 2007	9. Election C		inancing	\$5.00 May B	•	Make check payable to orida Department of St	
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign F	inancing	\$5.00 May B Added to Fees	Fla	Make check payable to	tate
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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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Gay N. Harris

(384) 749-3864