

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009576

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE NEW BETHEL MISSIONARY BAPTIST CHURCH OF LABELLE, FLORIDA, INCORPORATED

Current Principal Place of Business:

874 SUWANNEE AVENUE
LABELLE, FL

New Principal Place of Business:

874 SUWANNEE AVENUE
LABELLE, FL 33935

Current Mailing Address:

874 SUWANNEE AVENUE
LABELLE, FL

New Mailing Address:

874 SUWANNEE AVENUE
LABELLE, FL 33935

FEI Number: 20-1726235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, JOHN W
6706 NW 29TH STREET
GAINESVILLE, FL 32653 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: D (X) Delete
Name: JOHNSON, JESSIE
Address: POST OFFICE BOX 926
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: WILLIAMS, LAWRENCE
Address: 4006 WEST SUNFLOWER CIRCLE
City-St-Zip: LABELLE, FL 33935

Title: CD () Delete
Name: GREGORY, BESSIE
Address: 811 CALOOSAHATCHEE AVENUE
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: MCCLAIN, JENNIFER
Address: 4008 ALBANY STREET
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: CULLIVER, DESSIE
Address: POST OFFICE BOX 2038
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: WILLIAMS, SHIRLEY
Address: 4006 W. SUNFLOWER CIRCLE
City-St-Zip: LABELLE, FL 33935

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 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 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: JENNIFER MCCLAIN

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date