
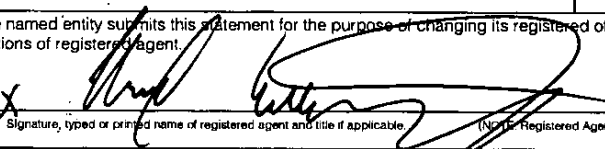
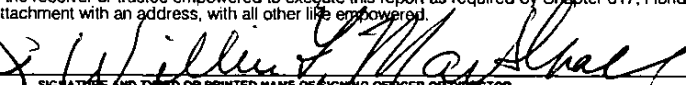


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 047 ****75.00

DOCUMENT # N05000006986 1. Entity Name NEW BETHEL A.M.E. CHURCH OF SOUTH BAY, INC.					
Principal Place of Business 200 NW 12TH AVE SOUTH BAY, FL 33493			Mailing Address PO BOX 248 SOUTH BAY, FL 33493-0248		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 650155945	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WASHINGTON, JACK 1 SE ML KING JR BLVD BELLE GLADE, FL 33493			Name Thomas Montgomery Street Address (P.O. Box Number is Not Acceptable) 1 SE ML King Jr. Blvd. City Belle Glade FL 33430		
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. (Not for Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, JACK		NAME		
STREET ADDRESS	1720 GARDENIA RD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33871		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, WILLIE F		NAME		
STREET ADDRESS	165 NW 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY, FL 33493		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, JIMMY L		NAME		
STREET ADDRESS	1890 BACOM POINT RD		STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, GWENDOLYN		NAME		
STREET ADDRESS	604 SW 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNARD, BETTY		NAME		
STREET ADDRESS	270 NW 11TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY, FL 33493		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, JAMES		NAME		
STREET ADDRESS	120 NW 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY, FL 33493		CITY-ST-ZIP		
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.					
SIGNATURE: 			03/12/2006 561-996-9651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					