


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006986 1. Entity Name NEW BETHEL A.M.E. CHURCH OF SOUTH BAY, INC.	
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Principal Place of Business 200 NW 12TH AVE SOUTH BAY, FL 33493	Mailing Address PO BOX 248 SOUTH BAY, FL 33493-0248
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DO NOT WRITE IN THIS SPACE

07102007 No Chg-NP CR2E037 (4/06)

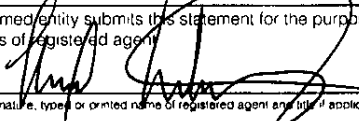
4. FEI Number 65-0155945	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MONTGOMERY, THOMAS
1 SE ML KING JR BLVD
BELLE GLADE, FL 33493

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  (NOTE: Registered Agent signature required when reinstating)

7/10/07 DATE

Filing Fee Is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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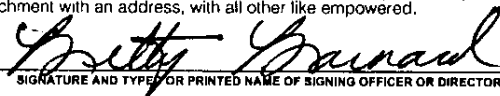
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WASHINGTON, JACK 1720 GARDENIA RD SEBRING, FL 33871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL, WILLIE F 165 NW 6TH AVE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, JIMMY L 1890 BACOM POINT RD PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, GWENDOLYN 604 SW 13TH STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, BETTY 270 NW 11TH AVE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAMES 120 NW 6TH AVE SOUTH BAY, FL 33493

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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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 9, 2007 Date Daytime Phone #