

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006986

FILED  
Feb 28, 2009  
Secretary of State

**Entity Name:** NEW BETHEL A.M.E. CHURCH OF SOUTH BAY, INC.

**Current Principal Place of Business:**

200 NW 12TH AVE  
SOUTH BAY, FL 33493

**New Principal Place of Business:**

200 NW 12TH AVE  
SOUTH BAY, FL 33493 US

**Current Mailing Address:**

PO BOX 248  
SOUTH BAY, FL 334930248

**New Mailing Address:**

PO BOX 248  
SOUTH BAY, FL 334930248 US

**FEI Number:** 65-0155945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MONTGOMERY, THOMAS  
1 SE ML KING JR BLVD  
BELLE GLADE, FL 33493 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: DP ( ) Delete  
Name: JACKSON, SANDRA  
Address: 172 SPRINGDALE CIRCLE  
City-St-Zip: PALM SPRING, FL 33461

Title: DV ( ) Delete  
Name: MARSHALL, WILLIE F  
Address: 165 NW 6TH AVE  
City-St-Zip: SOUTH BAY, FL 33493

Title: D ( ) Delete  
Name: WEBB, JIMMY L  
Address: 1890 BACOM POINT RD  
City-St-Zip: PAHOKEE, FL 33476

Title: DS ( ) Delete  
Name: DAVIS, GWENDOLYN  
Address: 604 SW 13TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: BARNARD, BETTY  
Address: 270 NW 11TH AVE  
City-St-Zip: SOUTH BAY, FL 33493

Title: D ( ) Delete  
Name: PALMER, JAMES  
Address: 120 NW 6TH AVE  
City-St-Zip: SOUTH BAY, FL 33493

**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 exemption stated 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 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: BETTY BARNARD

STEW

02/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date