

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009886

FILED
Sep 08, 2008
Secretary of State

Entity Name: NEW BETHEL LAKELAND SOCIAL SERVICES, INC.

Current Principal Place of Business:

2122 MARTIN LUTHER KING JR AVENUE
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

2205 MARTIN LUTHER KING JR AVENUE
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 20-5576358 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLACKMON-ROBERTS, SYLVIA
2122 MARTIN LUTHER KING JR AVENUE
LAKELAND, FL 33805 US

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 () Delete
Name: IVEY, ERNIE
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND,, FL 33805 US

Title: D () Delete
Name: LEE BRUNSON,
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND, FL 33805 US

Title: D () Delete
Name: WENDELL BLAKE,
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND, FL 33805 US

Title: D () Delete
Name: SYLVIA BLACKMON-ROBE, RTS
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND, FL 33805 US

Title: D () Delete
Name: CRYSTAL MARTIN,
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND, FL 33805 US

Title: D () Delete
Name: JAMES HORTON,
Address: 2122 MARTIN LUTHER KING JR AVENUE
City-St-Zip: LAKELAND, FL 33805 US

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: ERNIE IVEY

D

09/08/2008

Electronic Signature of Signing Officer or Director

Date