

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009886

FILED
Jan 29, 2009
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 ()

Name and Address of Current Registered Agent:

EWING, PEARCE SR
6948 MONTREAL DRIVE
LAKELAND, FL 33810 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: CD () Delete
Name: EWING, PEARCE SR
Address: 6948 MONTREAL DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VCD () Delete
Name: IVEY, ERNIE B
Address: 702 SWISS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: THOMAS, MARK
Address: 1416 LEIGHTON AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: ROBERTS, SYLVIA B
Address: 1620 LAKE MIRIAM DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: BRUNSON, LEE
Address: 2720 HIGH RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: BLAKE, WENDALL O
Address: 5514 KINGS MONT DRIVE
City-St-Zip: LAKELAND, FL 33813

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
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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: PEARCE EWING

CD

01/29/2009

Electronic Signature of Signing Officer or Director

Date