

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002721

FILED
Apr 23, 2008
Secretary of State

Entity Name: BETHEL NEW COVENANT MINISTRIES INC.

Current Principal Place of Business:

2428 CAMDEN OAKS PLACE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31
VALRICO, FL 33595

New Mailing Address:

FEI Number: 75-3052283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKSON, GLENVILLE
12494 GULLIVER ROAD
SPRING HILL, FL 34609 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: D () Delete
Name: WEBB, LEVI
Address: 434-436 EASTERN BLVD.
City-St-Zip: BALTIMORE, MD 21221

Title: D () Delete
Name: GRIFFIN, K.C.
Address: 2428 CAMDEN OAKS PL
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: COOKSON, GLENVILLE
Address: 12494 GULLIVER RD.
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: GRIFFIN, GLORIA
Address: 2428 CAMDEN OAKS PL
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: COOKSON, GLENVILLE
Address: 12494 GULLIVER RD.
City-St-Zip: SPRING HILL, FL 34609

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: GLENVILLE COOKSON

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04/23/2008

Electronic Signature of Signing Officer or Director

Date