2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002721

Entity Name: BETHEL NEW CONVENANT MINISTRIES INC.

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	IDEN OAKS PLA FL 33594	ACE		1211-1215 DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33603		
Current M	lailing Address	:	New Maili	New Mailing Address:		
P.O. BOX 31 VALRICO, FL 33595				1211-1215 DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33603		
FEI Number: 75-3052283 FEI Number Applied For () FEI			FEI Number Not App	umber Not Applicable () Certificate of Status Desired ()		
Name and	l Address of Cເ	ırrent Registered Agent:	Name and	Address of Nev	v Registered Agent:	
12494 GUI SPRING H	N, GLENVILLE LLIVER ROAD IILL, FL 34609 named entity su e of Florida.	US ubmits this statement for the p	ourpose of changing	ts registered offic	e or registered agent, or both	
SIGNATU	RF [.]					
0.010.01		Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	WEBB, LEVI 434-436 EASTEF BALTIMORE, MD	21221	Title: Name: Address: City-St-Zip:	GRIFFIN, KENNET 2428 CAMDEN OA VALRICO, FL 335	KS PL 94	
Title: Name: Address: City-St-Zip:	D () [GRIFFIN, K.C. 2428 CAMDEN C VALRICO, FL 33		Title: Name: Address: City-St-Zip:	VP (X) CH WEBB, LEVI 434-436 EASTERN BALTIMORE, MD		
Title: Name: Address: City-St-Zip:	T () [COOKSON, GLE 12494 GULLIVEF SPRING HILL, FL	R RD.	Title: Name: Address: City-St-Zip:	() Ch	nange ()Addition	
Title: Name: Address: City-St-Zip:	D () [GRIFFIN, GLORI 2428 CAMDEN C VALRICO, FL 33	AKS PL	Title: Name: Address: City-St-Zip:	VP (X) CH GRIFFIN, GLORIA 2428 CAMDEN OA VALRICO, FL 335		
Title: Name: Address: City-St-Zip:	1 ()	Delete	Title: Name: Address: Citv-St-Zip:	S () CH COOKSON, BEVEI 12494 GULLIVER SPRING HILL, FL	RD	

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 T 04/29/2009