


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/12/2008-90024-036-\$61.25-\$61.25

FILED

08 OCT 20 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000011332			
1. Entity Name BETHEL IMPERIAL MISSIONARY BAPTIST CHURCH USA INC.			
Principal Place of Business 2327 18TH ST. SO. ST. PETERSBURG, FL 33712		Mailing Address P.O. BOX 13756 ST. PETE, FL 33733	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 2327-18th St		Suite, Apt. #, etc. P.O. Box 13756	
City & State St. Petersburg Fla		City & State St. Petersburg Fla	
Zip 33712	Country Pinellas	Zip 33733	Country Pinellas
4. FEI Number 900417361		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IVEY, MERYLN J. 2327 18TH ST. SO. ST. PETERSBURG, FL 33712		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Meryl J. Ivey</i>		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D IVEY, QUALISIA V. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, QUALISIA V.	NAME	
STREET ADDRESS	2327 18TH ST. SO.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	D BROWN, PAMLEY D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAMLEY D.	NAME	
STREET ADDRESS	2327 18TH ST. SO.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	CITY-ST-ZIP	
TITLE	P. Meryl J. Ivey <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. Meryl J. Ivey	NAME	
STREET ADDRESS	P.O. Box 13756	STREET ADDRESS	
CITY-ST-ZIP	St. Pete Fla 33712	CITY-ST-ZIP	
TITLE	V. Ramea M. Ivey <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. Ramea M. Ivey	NAME	
STREET ADDRESS	4100 18th St S	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG Fla	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Meryl J. Ivey</i>		Date: July 10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



06302008 Chg-NP CR2E037 (12/08)

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