


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 | |
| 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 # | |

OC 10/21