

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008898

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, LACOOCHEE, FL, INC.

**Current Principal Place of Business:**

20653 FLOYD ROAD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 818  
LACOOCHEE, FL 33537

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, MCKINLEY REV.  
101 EAST UNION STREET  
SUITE 301  
JACKSONVILLE, FL 32202 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: PD  
Name: DIEHL, RUTH D REV.  
Address: 615 ROBERTS RISE DR  
City-St-Zip: OCOEE, FL 34761

Title: S  
Name: WRISPUS, ALTAMESE  
Address: 20755 PINE PRODUCTS ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: S  
Name: GRAHAM, WILLIE M  
Address: POST OFFICE BOX 482  
City-St-Zip: TRILBY, FL 33593

Title: T  
Name: WHEELER, ALFREDA S  
Address: P O BOX 694  
City-St-Zip: LACOOCHEE, FL 33537

I hereby 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 all other like empowered.

SIGNATURE: REV RUTH D DIEHL

PD

08/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date