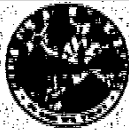


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL -7 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N30248 (1)**  
1. Corporation Name  
**GREATER BETHEL MISSIONARY BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1207 N JEFFERSON ST  
P O BOX 4703  
TAMPA FL 33677-1703  
US**

3. Date Incorporated or Qualified **01/19/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2941539** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**BRYANT STALEY JR  
4224 WATER OAKS LANE  
TAMPA FL 33634**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PERSON, RUSSELL 1206 N. OREGON STREET TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WRIGHT, MARVIN 626 BRYAN TERRACE DR BRANDON FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GREEN S WITT 1910 E NOEL TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WRIGHT FRAN 7027 FLINT DRIVE TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JACKSON WILLIE 10007 FAWN GROVE PLACE TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D MYERS, W. Gwendolyn 2704 N. 32nd St Tampa, FL 33605</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D Gunn, Charles Sr 11204 Thicket Ct Tampa, FL 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>D Green, L. James 2202 N. Harold Ave Tampa, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. A. S. Green  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**S. W. H. Green**