

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 23 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30248**  
 1. Corporation Name  
**Greater Bethel Missionary Baptist Church, Inc.**

Principal Place of Business <b>1207 N. Jefferson St.          Tampa, FL 33602</b>	Mailing Address <b>P. O. Box 172784          Tampa, FL 33672</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified	<b>3a</b> Date of Last Report <b>6/10/96</b>
<b>4</b> FEI Number <b>59-2941539</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Staley Bryant**  
**4224 Water Oaks Lane**  
**Tampa, FL 33624**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Staley Bryant, Chairman, Board of Deacons **7/15/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	TR	<input type="checkbox"/> DELETE
NAME	Witt S. Green	
STREET ADDRESS	1910 E. Noel St., Tampa FL 33610	
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> DELETE
NAME	James L. Green	
STREET ADDRESS	2202 N. Harold Ave.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	Willie Jackson	
STREET ADDRESS	10007 Fawn Grove Pl.	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	Evelyn J. Hill	
STREET ADDRESS	2210 E. 15th Ave., Tampa FL 33605	
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	Charles D. Gunn	
STREET ADDRESS	11204 Thicket Ct., Tampa, FL 33624	
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> DELETE
NAME	Gwendolyn Myers	
STREET ADDRESS	2704 N. 32nd St., Tampa FL 33605	
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2</b> NAME	TR
<b>5.3</b> STREET ADDRESS	Eva L. Weaver
<b>5.4</b> CITY-ST-ZIP	10009 Eskimo Ave., Tampa, FL 33604
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**300002245873**  
**-07/23/97--01131--024**  
**\*\*\*61.25**

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Witt S. Green **7/15/97** **(813) 229-1390**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (9/96)