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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30248 (1)
 1. Corporation Name
GREATER BETHEL MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business 1207 N JEFFERSON ST TAMPA FL 33677-1703 US	Mailing Address P.O. BOX 172784 TAMPA FL 33672 US
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3. Date Incorporated or Qualified 01/19/1989	
4. FEI Number 59-2941539	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BRYANT STALEY
 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	MYERS, GWENDOLYN	
STREET ADDRESS	2704 N 32ND ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TR	<input type="checkbox"/>
NAME	WEAVER, EVA L	
STREET ADDRESS	10009 ESKIMO AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TR	<input type="checkbox"/>
NAME	GREEN S WITT	
STREET ADDRESS	1910 E NOEL	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/>
NAME	GREEN, JAMES L	
STREET ADDRESS	2202 N. HAROLD AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/>
NAME	JACKSON WILLIE	
STREET ADDRESS	10007 FAWN GROVE PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	TR	<input checked="" type="checkbox"/>
NAME	HILL, EVELYN J	
STREET ADDRESS	2210 E. 15TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	TR BROWN, PATRICIA E.		
6.3 STREET ADDRESS	5620 GRANADA BLVD, #D		
6.4 CITY-ST-ZIP	Tampa, FL 33617		

14. I 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: _____ DATE: **2/14/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1097)