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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41880 (8)

1. Corporation Name

MOUNT BETHEL BAPTIST CHURCH CREDIT UNION, INC.

Principal Place of Business

901 NW 11TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

901 NW 11TH AVENUE
FT. LAUDERDALE FL 33311-71243. Date Incorporated or Qualified
02/01/19913a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
65-0240663Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CE GLOVER
4061 NW 11TH CT
PLANTATION FL 33322

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

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 PD ☐ DELETENAME GLOVER, C.E.
STREET ADDRESS 9061 NW 11TH COURT
CITY-ST-ZIP PLANTATION FLTITLE VD ☐ DELETENAME HAMILTON, EDWIN
STREET ADDRESS 2323 NW 19TH STREET
CITY-ST-ZIP FT. LAUDERDALE FLTITLE STD ☐ DELETENAME ANDERSON VIRGINIA
STREET ADDRESS 9965 NW 9TH CT
CITY-ST-ZIP PLANTATION FLTITLE D ☐ DELETENAME BATTLE, MOZELL
STREET ADDRESS 1730 NW 35TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ DELETENAME JONES, ROY
STREET ADDRESS 1831 NW 36TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ DELETENAME REED, WILLIAM
STREET ADDRESS 750 NW 43RD AVENUE
CITY-ST-ZIP PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034489

CP2E037 (9/96)