

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43482

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** NEW BETHANY MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

268 N.W. 48TH ST.  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

268 N.W. 48TH ST.  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 65-0330878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN, ROBERT LEE  
268 N.W. 48TH ST  
MIAMI, FL 33127 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: P ( ) Delete  
Name: HICKS, JOHNNIE B JR  
Address: 268 NW 48 ST.  
City-St-Zip: MIAMI, FL 33127

Title: CTBD ( ) Delete  
Name: LYNN, ROBERT LEE  
Address: 268 NW. 48 ST.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: HICKS, JOHNNIE B SR  
Address: 268 N.W. 48 STREET  
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete  
Name: MCKNIGHT, JAMES  
Address: 268 NW 48 STREET  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA DAVI S-MANCE

T

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date