

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N46706** (0)

1. Corporation Name

**NEW BETHEL MISSIONARY BAPTIST CHURCH INCORPORATE  
D OF BELLE GLADE**



Principal Place of Business

Mailing Address

1101 WEST AVENUE A  
BELLE GLADE, FLORIDA  
BELLE GLADE FL 33430  
US

P.O. BOX 933  
BELLE GLADE FL 33430

3. Date Incorporated or Qualified  
**01/09/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number  
**65-0422628**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAIRSTON, R. F., III  
1101 WEST AVE A  
BELLE GLADE FL 33430**

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**HENDERSON, CURTIS  
1324 S.W. AVE C  
BELLE GLADE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**HENDERSON, LEONARD  
933 S.W. AVE B  
BELLE GLADE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
MEADOWS, LILLIE  
1327 S.W. AVE D  
BELLE GLADE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
WRIGHT, MARY  
301 N.W. 10 ST  
BELLE GLADE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
FORD, JOHN  
900 S.W. AVE B PLACE  
BELLE GLADE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
HILL, DAVID  
301 S.W. 13 ST.  
BELLE GLADE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lillie Meadows* **Lillie Meadows**

**3/27/96 407 993-4048**

Date

Daytime Phone #

CR2E037 (12/95)