

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 INCORPORATED OF BELLE GLADE



Principal Place of Business: 1101 WEST AVENUE A, BELLE GLADE, FLORIDA, BELLE GLADE FL 33430, US
Mailing Address: P.O. BOX 933, BELLE GLADE FL 33430

3. Date Incorporated or Qualified: 01/09/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0422628
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

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HAIRSTON, R. F., III, 1101 WEST AVE A, BELLE GLADE FL 33430
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITILE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDERSON, CURTIS | 1.2 NAME | |
| STREET ADDRESS | 1324 S.W. AVE C | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 1.4 CITY-ST-ZIP | |
| TITILE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDERSON, LEONARD | 2.2 NAME | |
| STREET ADDRESS | 933 S.W. AVE B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 2.4 CITY-ST-ZIP | |
| TITILE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S MEADOWS, LILLIE | 3.2 NAME | |
| STREET ADDRESS | 1327 S.W. AVE D | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 3.4 CITY-ST-ZIP | |
| TITILE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S WRIGHT, MARY | 4.2 NAME | |
| STREET ADDRESS | 301 N.W. 10 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 4.4 CITY-ST-ZIP | |
| TITILE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T FORD, JOHN | 5.2 NAME | |
| STREET ADDRESS | 900 S.W. AVE B PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 5.4 CITY-ST-ZIP | |
| TITILE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T HILL, DAVID | 6.2 NAME | |
| STREET ADDRESS | 301 S.W. 13 ST. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLE GLADE FL | 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: *Lillie Meadows* Lillie Meadows 3/27/96 407 993-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)