2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N47533

Entity Name: GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH OF OCALA, FLORIDA, INC.

Current Principal Place of Business:

612 NW 4TH PLACE
OCALA, FL 344756183 US

New Principal Place of Business:

Current Mailing Address:

612 NW 4TH PLACE
OCALA, FL 344756183 US

New Mailing Address:

FEI Number: 59-3165464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGINS, DENNIS SR.
612 NW 4TH PL
OCALA, FL 344756183 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: DP ( ) Delete
Name: HAGINS, DENNIS,SR
Address: 1814 SW 26TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: VD ( ) Delete
Name: ROBERTS, ISAAC
Address: 833 NW 11TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: FTD ( ) Delete
Name: COLEMAN, ROY
Address: 2231 SW 2ND ST
City-St-Zip: OCALA, FL 34475 US

Title: DS ( ) Delete
Name: HAMILTON, ALICE
Address: 1385 S.W. 125TH AVE.
City-St-Zip: OCALA, FL 34481 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: HAGINS, DENNIS,SR
Address: 1814 SW 26TH AVE
City-St-Zip: OCALA, FL 34475 US

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 Chapter 119, 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: DENNIS HAGINS, SR. DR. 03/13/2007

Electronic Signature of Signing Officer or Director — Date