

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49713

FILED
Jan 24, 2009
Secretary of State

Entity Name: NEW BETHEL PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1100 N.W. 29TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1100 N.W. 29TH TERRACE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-2440627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, L.V., JR.
950 N.W. 33RD DRIVE
FORT LAUDERDALE, FL 33311 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: S () Delete
Name: ARMSTEAD, IDELLA,
Address: 889 S.W. RIVERSIDE DR
City-St-Zip: FT. LAUDERDALE, FL

Title: T () Delete
Name: ODOMS, CLEMETEEN,
Address: 4940 N.W. 13TH CT
City-St-Zip: LAUDERHILL, FL

Title: C () Delete
Name: JOHNSON, CHRISTOPHER,
Address: 3396 N.W. 34TH ST.
City-St-Zip: LAUDERDALE LAKES, FL

Title: D () Delete
Name: SMITH, JAMES,
Address: 1630 N.W. 26TH AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: C () Delete
Name: HOBBS, L.V., JR.,
Address: 950 N.W. 33RD DR.
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: ODOMS, CHARLIE
Address: 4940 NW 13TH CT
City-St-Zip: MIAMI, FL 33131

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
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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 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: IDELLA ARMSTEAD

S

01/24/2009

Electronic Signature of Signing Officer or Director

Date