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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002544**

1. Corporation Name

**GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL C  
HURCH, INC. LACOOCHEE, FLORIDA**

Principal Place of Business

20653 FLOYD RD  
LACOOCHEE FL

Mailing Address

P.O. BOX 818  
LACOOCHEE FL 33523

33537



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/01/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3282225

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINGS, FRANK C  
101 E UNION ST., #301  
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE  
NAME GRAHAM, RICHARD  
STREET ADDRESS 20634 MICKENS CIR  
CITY-ST-ZIP TRILBY FL 33593

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DAVIS, JAMES  
STREET ADDRESS 36812 FOXGLORE AVE  
CITY-ST-ZIP DADE CITY FL 33523

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WILLIAMS, GREGORY  
STREET ADDRESS 34320 RIDGE MANOR BLVD  
CITY-ST-ZIP RIDGE MANOR FL 33523

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WORMACK, LILLY  
STREET ADDRESS 20548 WORMACK RD  
CITY-ST-ZIP LACOOCHEE FL 33537

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GRAHAM, WILLIE MAE  
STREET ADDRESS 20634 MICKENS CIRCLE  
CITY-ST-ZIP TRILBY FL 33593

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WILLIAMS, EVELYN W  
STREET ADDRESS 34320 RIDGE MANOR BLVD  
CITY-ST-ZIP RIDGE MANOR FL 33523

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)