

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002544**

1. Entity Name

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



Principal Place of Business

**20653 FLOYD RD  
LACOOCHEE FL 33537**

Mailing Address

**PO BOX 818  
LACOOCHEE FL 33537**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3282225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, RICHARD  
20634 MICKENS CIRCLE  
TRILBY FL 33593**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GRAHAM, RICHARD</b>        |                                 |
| STREET ADDRESS | <b>20634 MICKENS CIR</b>      |                                 |
| CITY-ST-ZIP    | <b>TRILBY FL 33593</b>        |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>DAVIS, JAMES</b>           |                                 |
| STREET ADDRESS | <b>36812 FOXGLORE AVE</b>     |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33523</b>     |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WRISPUS, ALTAMESE</b>      |                                 |
| STREET ADDRESS | <b>20702 PINE PRODUCTS RD</b> |                                 |
| CITY-ST-ZIP    | <b>DADE CITY FL 33523</b>     |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WORMACK, LILLY</b>         |                                 |
| STREET ADDRESS | <b>20548 WORMACK RD</b>       |                                 |
| CITY-ST-ZIP    | <b>LACOOCHEE FL 33537</b>     |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>GRAHAM, WILLIE MAE</b>     |                                 |
| STREET ADDRESS | <b>20634 MICKENS CIRCLE</b>   |                                 |
| CITY-ST-ZIP    | <b>TRILBY FL 33593</b>        |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WILLIAMS, EVELYN W</b>     |                                 |
| STREET ADDRESS | <b>34320 RIDGE MANOR BLVD</b> |                                 |
| CITY-ST-ZIP    | <b>RIDGE MANOR FL 33523</b>   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Richard Graham - Richard Graham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-05 (352) 583-2289**

Date

Daytime Phone #