

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002544

FILED
Apr 26, 2003
Secretary of State

Entity Name: GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INC. LACOOCHEE, FLORIDA

Current Principal Place of Business:

20653 FLOYD RD
LACOOCHEE, FL 33537

New Principal Place of Business:

Current Mailing Address:

PO BOX 818
LACOOCHEE, FL 33537

New Mailing Address:

FEI Number: 59-3282225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, RICHARD
20634 MICKENS CIRCLE
TRILBY, FL 33593 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: GRAHAM, RICHARD
Address: 20634 MICKENS CIR
City-St-Zip: TRILBY, FL 33593

Title: D () Delete
Name: DAVIS, JAMES
Address: 36812 FOXGLORE AVE
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: WILLIAMS, GREGORY
Address: 34320 RIDGE MANOR BLVD
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: WORMACK, LILLY
Address: 20548 WORMACK RD
City-St-Zip: LACOOCHEE, FL 33537

Title: D () Delete
Name: GRAHAM, WILLIE MAE
Address: 20634 MICKENS CIRCLE
City-St-Zip: TRILBY, FL 33593

Title: D () Delete
Name: WILLIAMS, EVELYN W
Address: 34320 RIDGE MANOR BLVD
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WRISPUS, ALTAMESE
Address: 20702 PINE PRODUCTS RD
City-St-Zip: DADE CITY, FL 33523

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 Section 119.07(3)(i), 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: RICHARD GRAHAM

BRO.

04/26/2003

Electronic Signature of Signing Officer or Director

Date