2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N93000004117

Entity Name: NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF SAN MATEO, FLA., INC.

Current Principal Place of Business:

154 N BOUNDARY RD.
SAN MATEO, FL 32187 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1303
SAN MATEO, FL 32187

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, CATHERINE
600 OLD SAN MATEO RD
SAN MATEO, FL 32187 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: REV ( ) Delete
Name: MURPHY, MARY A
Address: 106 N. OAKLAND AVE.
City-St-Zip: SAN MATEO, FL 32187

Title: TD ( ) Delete
Name: GIBSON, CATHERINE
Address: 600 OLD SAN MATEO RD
City-St-Zip: SAN MATEO, FL 32187

Title: D ( ) Delete
Name: MITCHELL, HENRY
Address: PO BOX 1486
City-St-Zip: SAN MATEO, FL 32187

Title: D ( ) Delete
Name: MILLER, ELISHA
Address: P.O. BOX 1266 N/A
City-St-Zip: EAST PALATKA, FL 32131

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: MILLER, LEROY
Address: 590 OLD SAN MATEO RD
City-St-Zip: SAN MATEO, FL 32187

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: CATHERINE GIBSON SECR 02/06/2009

Electronic Signature of Signing Officer or Director — Date