

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000773

FILED
May 03, 2007
Secretary of State

Entity Name: NEW BETHEL TEMPLE OF DELIVERANCE APOSTOLIC CHURCH, INCORPORATED

Current Principal Place of Business:

1019 DAVIS DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1019 DAVIS DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3231078 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FORTE', LOUISA
1019 DAVIS DRIVE
TAMPA, FL 33619 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: C () Delete
Name: FORTE', LOUISA
Address: 1019 DAVIS DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: JEFFERSON, JAMES
Address: 2412 WISHING WELL CIRCLE
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: JEFFERSON, RODERO
Address: 1019 DAVIS DR
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: MORMON, CALLIE M
Address: 9860 LEWIS RD
City-St-Zip: THONTASSA, FL

Title: D () Delete
Name: JOHNSON, JOHN L.
Address: 7007 KINGSTON ST
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: DAVIS, ELEASE
Address: 741 S. 58TH STREET
City-St-Zip: TAMPA, FL 33619

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
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: LOUISA FORTE

PAST

05/03/2007

Electronic Signature of Signing Officer or Director

Date