

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000773

FILED  
Feb 29, 2008  
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 ( )**

**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: D (X) Change ( ) Addition  
Name: JOHNSON, JOHN L.  
Address: 7011 SKYLINE BLVD.  
City-St-Zip: TAMPA, FL

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'

DIRE

02/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date