


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

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 034 ****61.25

DOCUMENT # N96000000400	
1. Entity Name	
NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, GOULDS, FLORIDA, INC.	

Principal Place of Business	Mailing Address
11695 SOUTHWEST 220TH STREET GOULDS FL 33170	NEW BETHEL A.M.E. CHURCH 11695 SOUTHWEST 220 STREET GOULDS FL 33170

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 65-0387738		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
PARKER, AVA L 603 NORTH MARKET STREET JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when restate) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN HURST BISHOP 40 EAST STATE STREET JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Young, McKinley Bishop <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 East State Street Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODISON, JOHN L ELDER 12885 S.S. 189TH AVENUE MIAMI FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESUE, THOMAS B 40 EAST STATE STREET JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLES, GILBERT 12751 SW 218TH TERRACE GOULDS FL 33170 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delizord, Lemmie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9775 Palmetto Club Drive Miami, Florida 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, WILLIE 22301 SW 115TH AVENUE GOULDS FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVIN, JESSIE JR 21911 S.W. 117TH AVENUE GOULDS FL 33170 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shaw, Robert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21911 S.W. 117th Ave Goulds, FL 33170

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mamie Riley Mamie Riley 7/31/05 305-254-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #