


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 021 \*\*\*\*61.25

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N96000000400</b>                                                                |  |
| 1. Entity Name<br><b>NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, GOULDS, FLORIDA, INC.</b> |                                                                                   |

|                                                                                        |                                                                                                       |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>11695 SOUTHWEST 220TH STREET<br/>GOULDS FL 33170</b> | Mailing Address<br><b>NEW BETHEL A.M.E. CHURCH<br/>11695 SOUTHWEST 220 STREET<br/>GOULDS FL 33170</b> |
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|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0387738</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>PARKER, AVA L<br/>603 NORTH MARKET STREET<br/>JACKSONVILLE FL 32202</b> |  |
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|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | Zip Code |

|                                                                                                                                                                                                                               |            |
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| 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 _____                                                                                                                                                                                                               | DATE _____ |

|                                                        |                                                                                  |                                    |                                                              |
|--------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                        |                                            |
|-----------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Delete            |
| <b>D<br/>YOUNG, MCKINLEY B<br/>40 EAST STATE STREET<br/>JACKSONVILLE FL 32202</b> |                                            |
| <b>D<br/>BODISON, JOHN L ELDER<br/>12885 S.S. 189TH AVENUE<br/>MIAMI FL 33177</b> | <input type="checkbox"/> Delete            |
| <b>D<br/>DESUE, THOMAS B<br/>40 EAST STATE STREET<br/>JACKSONVILLE FL 32202</b>   | <input checked="" type="checkbox"/> Delete |
| <b>D<br/>DELIFORD, LEMMIE<br/>9775 PALMETTO CLUB DRIVE<br/>MIAMI FL 33157</b>     | <input type="checkbox"/> Delete            |
| <b>D<br/>WALLACE, WILLIE<br/>22301 SW 115TH AVENUE<br/>GOULDS FL 33170</b>        | <input type="checkbox"/> Delete            |
| <b>P<br/>SHAW, ROBERT<br/>21911 SOUTHWEST 117TH AVENUE<br/>GOULDS FL 33170</b>    | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |                                                                              |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>D<br/>Diane Waters<br/>17850 S.W. 112th Ave<br/>Miami, Florida 33176</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</b>                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</b>                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</b>                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. |  |
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| <b>SIGNATURE:</b> <i>Mamie Riley Mamie Riley, Secretary</i> | Date: <i>4/16/06</i> | Daytime Phone #: <i>-305-254-3454</i> |
|-------------------------------------------------------------|----------------------|---------------------------------------|