2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# N96000000400

Entity Name: NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, GOULDS, FLORIDA, INC.

Current Principal Place of Business:

11695 SOUTHWEST 220TH STREET
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

NEW BETHEL A.M.E. CHURCH
11695 SOUTHWEST 220 STREET
GOULDS, FL 33170

New Mailing Address:

FEI Number: 65-0387738 **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:

PARKER, AVA L
603 NORTH MARKET STREET
JACKSONVILLE, FL 32202 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:	D	( ) Delete
Name:	YOUNG, MCKINLEY B	
Address:	40 EAST STATE STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	BODISON, JOHN L ELDER	
Address:	12885 S.S. 189TH AVENUE	
City-St-Zip:	MIAMI, FL 33177	
Title:	D	( ) Delete
Name:	WATERS, DIANE	
Address:	17850 SW 112TH AVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	DELIFORD, LEMMIE	
Address:	9775 PALMETTO CLUB DRIVE	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	WALLACE, WILLIE	
Address:	22301 SW 115TH AVENUE	
City-St-Zip:	GOULDS, FL 33170	
Title:	P	( ) Delete
Name:	SHAW, ROBERT	
Address:	21911 SOUTHWEST 117TH AVENUE	
City-St-Zip:	GOULDS, FL 33170	

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:	
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: ROBERT SHAW P 07/21/2008

Electronic Signature of Signing Officer or Director — Date