

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000400

FILED
Jan 16, 2009
Secretary of State

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:

11695 SOUTHWEST 220TH STREET
GOULDS, FL 33170

FEI Number: 65-0387738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
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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

O

01/16/2009

Electronic Signature of Signing Officer or Director

Date