

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002814

FILED  
Feb 17, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2275 W. FIFTH WAY  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

2275 W. FIFTH WAY  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-0107450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGE SR., CLAYTON LEON REV  
7802 FOUNDERS CIRCLE  
NAPLES, FL 34104 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: PD ( ) Delete  
Name: HODGE SR., CLAYTON LEON REV  
Address: 7802 FOUNDERS CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: FSD ( ) Delete  
Name: JOHNSON, ANNIE R  
Address: 2240 W. 6TH COURT  
City-St-Zip: HIALEAH, FL 33010

Title: TTD ( ) Delete  
Name: BOWENS, ARABELLA  
Address: 2187 W. 6TH COURT  
City-St-Zip: HIALEAH, FL 33010

Title: CSD ( ) Delete  
Name: KENDRICK, CHRISTINE  
Address: 565 W 24 ST  
City-St-Zip: HIALEAH, FL 33010

**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:

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: REVEREND CLAYTON LEON HODGE, SR.

PD

02/17/2008

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

\_\_\_\_\_  
Date