2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000002814

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 (X)**

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: REV. CLAYTON LEON HODGE, SR PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date