

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003195					
1. Corporation Name NEW BETHEL COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 1571 NW 68 TERR MIAMI FL 33147			Mailing Address 1571 NW 68 TERR MIAMI FL 33147		

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -1 PM 1:26

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTION STATED IN SECTION 119.07(3)(I), FLORIDA STATUTES. I FURTHER CERTIFY THAT THE INFORMATION INDICATED ON THIS ANNUAL REPORT OR SUPPLEMENTAL ANNUAL 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 12 OR BLOCK 13 IF CHANGED, OR ON AN ATTACHMENT WITH AN ADDRESS, WITH ALL OTHERS EMPowered.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/04/1998 4. FEI Number 65-0951822 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROWN, ANTHONY 431 NW 184 TERR MIAMI FL 33169				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.					
SIGNATURE <i>Anthony Brown</i> DATE 7-26-99 Signature, Title, Name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME HAMRICK, IRENE STREET ADDRESS 19610 NW 11 AVE CITY-ST-ZIP MIAMI FL 33169			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME HODGE, WALTER STREET ADDRESS 821 NW 187 TERR CITY-ST-ZIP MIAMI FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D NAME SIMMONS, FRANKLIN STREET ADDRESS 1554 NW 68 TERR CITY-ST-ZIP MIAMI FL 33147			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D NAME BURNS, BEATRICE STREET ADDRESS 2338 NW 55 TERR CITY-ST-ZIP MIAMI FL 33142			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME STAFFORD, PAULA STREET ADDRESS 1980 NW 82 ST CITY-ST-ZIP MIAMI FL 33147			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Brown* SIGNATURE REQUIRED

7-26-99 305 6961495

Date

Daytime Phone

CR2E037 (5/99)