2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90041 045 ****70.00

DOCUMENT # N98000003195

1. Entity Name

NEW BETHEL COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1571 NW 68 TERR MIAMI FL 33147	1571 NW 68 TERR MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0951822 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, ANTHONY 431 NW 184 TERR MIAMI FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMRICK, IRENE	NAME	
STREET ADDRESS	19610 NW 11 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HODGE, WALTER	NAME	
STREET ADDRESS	821 NW 167 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	SIMMONS, FRANKLIN	NAME	Austin Kenneth
STREET ADDRESS	1554 NW 68 TERR	STREET ADDRESS	61 Kalandar Street
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	Opa-Locka FL. 33054
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAITOR, BRIAN	NAME	
STREET ADDRESS	19299 NW 33 AVE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33056	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STAFFORD, PAULA	NAME	
STREET ADDRESS	1960 NW 82 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Brown — Anthony Brown — 1-23-01 — 3056961495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #