


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90088 013 ****70.00

DOCUMENT # N98000003304					
1. Entity Name NEW BETHLEHEM MISSIONARY BAPTIST CHURCH INC.					
Principal Place of Business 1824 PROSPECT STREET JACKSONVILLE, FL 32208 US			Mailing Address 1824 PROSPECT STREET JACKSONVILLE, FL 32208 US		
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 51-0089826	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, LUTHER 6925 CORDAY ROAD JACKSONVILLE, FL 32208			Name <u>Luther Thomas (same)</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1824 Prospect Street</u>		
			City <u>JACKSONVILLE</u> FL <u>32208</u>		
			Zip Code <u>32208</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> DATE <u>2/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALHOUN, JOE REV	NAME			
STREET ADDRESS	1824 PROSPECT STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STARLING, LAWRENCE	NAME			
STREET ADDRESS	1824 PROSPECT STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNING, ELIZABETH T	NAME			
STREET ADDRESS	1824 PROSPECT STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, DARLENE B	NAME			
STREET ADDRESS	1824 PROSPECT STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, LUTHER	NAME			
STREET ADDRESS	1824 PROSPECT STREET	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 reports 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: <u><i>[Signature]</i></u> DATE <u>2/27/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					