

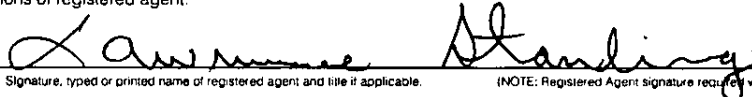



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90142 009 \*\*\*\*61.25

<b>DOCUMENT # N98000003304</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 51-0089826		Applied For Not Applicable		5. Certificate of Status Desired <input 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 1824 PROSPECT ST JACKSONVILLE, FL 32208			Name <b>STARLING LAWRENCE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1824 PROSPECT ST.</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32208</b>		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>4-22-08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, ERIC A REV 1824 PROSPECT STREET JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARLING, LAWRENCE 1824 PROSPECT STREET JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, ELIZABETH T 1824 PROSPECT STREET JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LAVERA 1824 PROSPECT ST. JAX. FL. 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, DARLENE B 1824 PROSPECT STREET JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, JENNIFER 1824 PROSPECT ST. JAX. FL. 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, LUTHER 1824 PROSPECT STREET JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, DARLENE 1824 PROSPECT ST. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORNTON, ROSEMARY 1824 PROSPECT ST JAX. FL. 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowers.					
SIGNATURE: 		DATE: <b>4-22-08</b>		DAYTIME PHONE: <b>904-545-2515</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	