2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business 102 APROSPECT SIREET 102 APROSPECT	DOCUMENT # N9800003304 1. Entity Name NEW BETHLEHEM MISSIONARY BAPTIST CHURCH INC.					04-25-2008 90142 009 ****61.25		
Suite, Apt. F. etc. Suite, Apt. F. etc. City & State S. Country	1824 PROSPECT STREET		1824 PROSPECT STREET		us			
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
S1-008926 Nort Applicable Zip Country Zip Country S. Certificate of Satus Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent THOMAS, LUTHER 1924 PROSPECT ST Street Address (P.O. Box Number in Non Acceptable) Street Address (P.O. Box Number in Non Acceptable)			Suite, Apt. #, etc.			04112008 Chg-NP CR2E037 (12/06)		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The ABOVE PROSPECT ST 1824 PROSPECT ST 1824 PROSPECT ST 1824 PROSPECT ST 1824 PROSPECT ST 1825 PROSPECT ST 1826 PROSPECT ST 1827 PROSPECT ST 1827 PROSPECT ST 1828 PROSPECT ST 1829 PROSPECT ST 1824 PROS	City & Stat	e	City & State	, _ .		F4 0000000		
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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 Signature, system or present name or registered agent and their applicable. Filting Foe is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE LEE; ERIC A REV SIRET ADDRESS 18.24 PROSPECT STREET JACKSONVILLE, FL 32208 TILE MAKE MANNING, LUZBETH T SIRET ADDRESS TILE MAKE MANNING, ELIZABETH T SIRET ADDRESS	1824 PROSPECT ST				51			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	JACKSON	VILLE, FL 32208			182	- Zio Codo		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. 1 am familiar with, and accept the obligations of registered agent. ### Comparison of registered agent. ### Comparison of registered agent and life if applicable. ### Post in the province of registered agent and life if applicable. ### Post in the post in the province of registered agent and life if applicable. ### Post in the post in the province of registered agent and life if applicable. ### Post in the post in the province of registered agent and life if applicable. ### Post in the p	Jacksonvine FL 2000							
Signature, tysed or printed name of regarised agent and line if applicable. INCTE: Regulared Agent segnature record S5.00 May Bo Make check payable to Florida Department of State	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 Fiorida. 1 am familiar with, and accept							
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12. Thereby 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1824 PROSPECT STREET JACKSONVILLE, FL 32208 T THOMAS, LUTHER 1824 PROSPECT STREET	Delete	NAMI STRE CITY: TITLE NAMI STRE CITY: TITLE NAMI STRE	E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E E E E E E E E E E E E E E E E E E	ANE, JENNIFER Change Paddition R 14 PROSPECT ST. JAX. 71. 32208 Change Paddition Shley, DGRIENE 824 PROSPECT ST. Change Paddition		

14. Thereby certify that the information supplied with this filling obes 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 empowered.

SIGNATURE: Q

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

904-545-2515

Daytime Phone #