

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003073

Entity Name: HISTORIC NEW BETHEL AFRICAN METHODIST EPISCOPAL CHURCH ORMOND, INC.**FILED**
Jun 09, 2020
Secretary of State
9814363515CC**Current Principal Place of Business:**115 S. YONGE ST.
ORMOND BEACH, FL 32174**Current Mailing Address:**115 S. YONGE ST.
ORMOND BEACH, FL 32174 US**FEI Number: 27-1021904****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROWN, FAIRLEY P
260 PALM PLACE
ORMOND BEACH, FL 32174 US*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: FAIRLEY BROWN****06/09/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PCD
Name	BROWN, PHYLLIS ROSE M. DIV.
Address	115 S. YONGE ST.
City-State-Zip:	ORMOND BEACH FL 32174

Title	DV
Name	PARKER, CAROLYN
Address	509 FRED GAMBLE WAY
City-State-Zip:	ORMOND BEACH FL 32174

Title	DS
Name	FRICK, ROSALYN
Address	3 ACCLAIM @ LIONS PAW
City-State-Zip:	DAYTONA BEACH FL 32124

Title	DT
Name	BROWN, FAIRLEY P
Address	260 PALM PLACE
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	DUNBAR, JOHN
Address	111 S.WASHINGTON ST.
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	DUDLEY, GILBERT JR
Address	280 WASHINGTON PLACE
City-State-Zip:	ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHYLLIS ROSE BROWN**PASTOR****06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date