

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738847
1. Corporation Name
BETHANY Fellowship of Suwannee, Inc.
P.O. Box 836 S.P. 349 So Old Town, FL.

Principal Place of Business **S**
Mailing Address

21	2. Principal Place of Business	2a. Mailing Address
	SUWANNEE	P.O. BOX 836
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. BOX 836	
23	City & State	City & State
	SUWANNEE FL USA	SUWANNEE FL
24	Zip	Zip
	32692	32692
25	Country	Country
	DXIE	

3. Date Incorporated or Qualified **4/26/77**
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
ART ANDERSON
SR 349 So. - 32680
OLD TOWN, FLA

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	11 TITLE	DIRECTOR - Secy, TREAS.
NAME	WYLE H. ANDERSON	12 NAME	PAUL SHARP
STREET ADDRESS	SR. 278	13 STREET ADDRESS	30 hwy 170
CITY-ST-ZIP	REDAR SPRINGS, GA 31732	14 CITY-ST-ZIP	LOVELAND FLA
TITLE	V. PRES	21 TITLE	DIANE MYERS
NAME	ART ANDERSON	22 NAME	ST. RD 26
STREET ADDRESS	ST. RD. 349 SO	23 STREET ADDRESS	TRENTON FLA
CITY-ST-ZIP	OLD TOWN, FLA	24 CITY-ST-ZIP	DIRECTOR
TITLE	NORMAN RIPPEN (DIR)	31 TITLE	WARD BARKNIGHT
NAME	BOX 35L	32 NAME	1949 So
STREET ADDRESS	YOUNG HARRIS, GA	33 STREET ADDRESS	OLD TOWN, FLA
CITY-ST-ZIP	30582	34 CITY-ST-ZIP	Stella Sharp
TITLE	STELLA SWARD (DIR)	41 TITLE	ST.
NAME	S. Rd 491 S.	42 NAME	
STREET ADDRESS	Decont FL 32460	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DIRECTOR / Secy	51 TITLE	
NAME	GEORGET HEARNS - S	52 NAME	
STREET ADDRESS	6190 N.W 83 LN,	53 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FLA 32620	54 CITY-ST-ZIP	
TITLE	Ronald R. Sharp	61 TITLE	
NAME	5783 Woodside Dr.	62 NAME	
STREET ADDRESS	Decont FL 32460	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/21/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)