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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N35266

(8)

FILED Mar 31 1998 8:00am Secretary of State

BETHEL MINISTRIES, INC.				2 100 tilbe 1000 tilbe Betro tilben gegna bete Otder d		
Principal Plac	e of Business	Malling Address			-{	HON ORDI OPER DIEN GION TOPI
P.O. BOX 150 P.O. BOX 150					6 D. 1 D.	
DAYTONA BEACH FL 32115-0150 DAYTONA BEACH FL 32115			0150		3. Date Incorporated or Qualified 11/15/1989	
					4. FEI Number	Applied For
					59-2982506	Not Applicable
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		·	\$8.75 Additional
21			26		6. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27	27		Trust Fund Contribution	Added to Fees
City & State		City & State	City & State		7. Is this nonprofit corporation a homeown	
23		28			☐ Yes M No	
Zip	Country	Zip	Country	ì	8. This corporation owes or has paid the c	
24	25	29 3	<u>ol</u>		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	9, Name and Address of Cur	rent riegistered Agent	81	Name	10. Name and Address of New Registers	ı Agent
OFFICE	NI LINIDA M			THATTO		
	n, linda K. Odview drive		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	DRANGE FL 32114		63			
FUNT O	PROMOCE PE 32114					
	•		84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes	, the above	e-named corpo		
office or t	registered agent, or both, in the St	ate of Florida. Such change was aut bligations of Section 617 0503. Florid	thorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
	an ranka with, and accept the oc	anganorio di, abbitori a tribodo, i torri	ou blaible	.,		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Age	nt signature requiré	ed when reinstating) DATE	
12.	·	OFFICERS AND DIRECTORS 13		. ,	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D D	☐ DELETE	1.1 TITLE			Change Addition
NAME	JEYSEELAN, HEMA		1.2 NAME			
STREET ADDRESS	7 OAK AVENUE		1.3 STREET			
CITY-ST-ZIP	ORMOND BEACH FL	☐ DELETE	1.4 CITY-S	T-ZIP		Change Addition
TITLE	D Dittman, Linda K.	☐ DELETE	2.1 TITLE			
NAME	73 WOODVIEW DRIVE		2.2 NAME	4DD0E66		
STREET ADDRESS	PORT ORANGE FL		2.3 STREET			
CITY-ST-ZIP TITLE			2. 4 CITY - S 3.1 TITLE	31-217		☐ Change ☐ Addition
NAME	JEYSEELAN, JOHN A.		3.2 NAME			
STREET ADDRESS	7 OAK AVENUE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4. CITY-S	ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	RIVERA, JOE		4. 2 NAME			
STREET ADDRESS	9 CYPRESS VIEW TRAIL		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	HILL, II, R.C.		5.2 NAME			
STREET ADDRESS	3000 N. ATLANTIC AVE.		5.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-S	T-ZIP		
						100
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	HILL, R. C III		6.2 NAME			☐ Change ☐ Addition
	T		1	1		☐ Change ☐ Addition

r nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic 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 execut 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.

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