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CORPORATION ANNUAL REPORT

DOCUMENT #



THE BETHANY BAPTIST CHURCH CEMETARY MAINTENANCE

Secretary of State DIVISION OF CORPORATIONS

NONPROFIT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1998

N96000006374 (0)

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2818 STATE ROAD 64 EAST MYAKKA CITY FL 94251 Applied For NOT APPLICABLE Principal Place of Business 2	FUND,	INC.					
MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 MYAKKA CITY FL 34251 Applied For FI Number Light Subject Applied For Finding Flace of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Subject Applied For Finding Flace of Business 2d. Mailing Address 2d. Mailing Address 2d. City & State 2d. Subject Apt. #, etc. Subject Apt. #, etc. City & State 2d. Country 2d. Country 2d. Country 2d. This corporation owes or has pead the current year Intengible Pearsonal Property Tax dies June June 30. (Yes.) No. 9. Name and Address of Current Registered Agent HARRISON, G. JOSEPH 1206 MANATE AVE. WEST BRADENTON FL 34205 83 Street Address (F.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617 0502 and 517 1500, Floridas Statuses, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I minimize with, and accept the obligations of, Section 17 0503, Floridas Statuses, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I minimize with, and accept the obligations of, Section 17 0503, Floridas Statuses, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I minimize with, and accept the obligations of, Section 17 0503, Floridas Statuses, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I minimize with an advertise opposed one or investing) D	Principal Place of Business		Mailing Address	Mailing Address			ı gamicimi min iniin bişte naşsi düşti onrif mêtis mille Bitas İflis 10014 diği Fasi
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City & State	21						5. Certificate of Status Desired \$8.75 Additional
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS 14. City FL. St. Zip Code 15. Pursuant to the provisions of Sections 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and cacept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. TITLE 15. D D DELETE 11. TITLE 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	City & Stat	le					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 charging its registered office or registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Floridas Statutes. SIGNATURE Signulure, typed or printed name of registered agent, and accept the obligations of, Section 617.0503, Floridas Statutes. SIGNATURE Signulure, typed or printed name of registered agent and libe if applicable. (NOTE Registered Agent signalure required when refracting) TITLE D DELETE 11. TITLE D DELETE 11. TITLE D DELETE 11. TITLE D DELETE 12. TITLE D DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME STREET ADDRESS MYAKKA CITY FL 34251 14. GITY-ST-ZIP TITLE D DELETE 14. TITLE D DELETE 15. TITLE D DELETE 15. TITLE D DELETE 17. TITLE D DELETE 18. TITLE D D D DELETE 18. TITLE D D D D D D D D D D D D D	Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
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	=	_	1 V-LL-16				T origing T volution
	STREET ADDRESS	26618 STATE ROAD 64 EAST	•				

6.4 CITY - ST-ZIP 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 Jerhanged, or on an attachment with an additions.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MYAKKA CITY FL 34251

WINGATE, JACQUELYN W

MYAKKA CITY FL 34251

26618 STATE ROAD 64 EAST

Change

Change

Addition