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Jan 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006374 (0)

1. Corporation Name

THE BETHANY BAPTIST CHURCH CEMETARY MAINTENANCE
FUND, INC.



Principal Place of Business

Mailing Address

26618 STATE ROAD 64 EAST
MYAKKA CITY FL 34251

26618 STATE ROAD 64 EAST
MYAKKA CITY FL 34251

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

NOT APPLICABLE

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, G. JOSEPH
1206 MANATE AVE. WEST
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HENDRY, A.O.
STREET ADDRESS 2210 RICH ROAD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE D ☐ DELETE
NAME HAYDEN, T.G.
STREET ADDRESS 1519-31ST AVE. EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE D ☐ DELETE
NAME HINE, CLYDE
STREET ADDRESS 3135 NORTH RYE ROAD
CITY-ST-ZIP PARRISH FL 34219

TITLE D ☐ DELETE
NAME WINGATE, RODNEY
STREET ADDRESS 26618 STATE ROAD 64 EAST
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE D ☐ DELETE
NAME WINGATE, JACQUELYN W
STREET ADDRESS 26618 STATE ROAD 64 EAST
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(f), 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.

SIGNATURE:

Jacquelyn W. Wingate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn W. Wingate 1-9-98 941-7484501
Date Daytime Phone # 00744823

CR2E037 (10/97)