

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **700098** (7)
1. Corporation Name
BETHEL COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business: 1045 16TH ST. ST PETERSBURG FL 33705
Mailing Address: 1045 16TH ST. ST PETERSBURG FL 33705

3. Date Incorporated or Qualified: 10/30/1959
3a. Date of Last Report: 02/06/1995
4. FEI Number: 50-0249156
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: WOOTEN, JOHN H., JR. 2450 MADRID WAY SO ST PETERSBURG FL 33712
10. Name and Address of New Registered Agent: 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: _____ DATE: _____
(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOREATHA	1 2 NAME	
STREET ADDRESS	3145 21ST AVE. SO.	1 3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1 4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EVERETTE	2 2 NAME	
STREET ADDRESS	1622 ALCAZAR WAY SOUTH	2 3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2 4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ZEKE	3 2 NAME	
STREET ADDRESS	4336 FAIRFIELD AVE E	3 3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, THELMA	4 2 NAME	
STREET ADDRESS	3601-27TH AVE 150	4 3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4 4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, JOHN H.	5 2 NAME	
STREET ADDRESS	2450 MADRID WAY S.	5 3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5 4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, MORRIS	6 2 NAME	
STREET ADDRESS	2521 50TH ST. S.	6 3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 1-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)