


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90011 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 700098 ✓
 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/30/1959
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 50-0249156
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SYKES, MANUEL L. REV.
 831 BAY VISTA BLVD. SOUTH
 ST. PETERSBURG FL 33705

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 _____
 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	DVC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, NATHANIEL H REV.	1.2 NAME	
STREET ADDRESS	5430 GROVE STREET SOUTH	1.3 STREET ADDRESS	3867-62nd Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, FLORIS M REV.DR.	2.2 NAME	
STREET ADDRESS	7432 SUNSHINE SKYWAY LANE SOUTH #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERMAN, PEGGY M	3.2 NAME	
STREET ADDRESS	1015-28TH AVE. SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, LEONARD	4.2 NAME	
STREET ADDRESS	1210-26TH AVENUE SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HAROLD	5.2 NAME	
STREET ADDRESS	2458-LYNN LAKE CIRCLE SOUTH, APT. B	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	CHM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, MANUEL L. REV.	6.2 NAME	
STREET ADDRESS	831 BAY VISTA BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	6.4 CITY-ST-ZIP	

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: *Manuel L. Sykes* 7/26/99 727-821-7181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0013824
 CR2E037 (5/99)