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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 701814

Principal Place of Business 1950 MICHIGAN AVENUE

STREET ADDRESS

CITY-ST-ZIP

BETHEL BIBLE BAPTIST CHURCH, INC.

P.O. BI	IICHIGAN AVENUE OX 3147 A FL 32924-0147	1950 MICHIGAN AVENUE P.O. BOX 3147 COCOA FL 32924-0147							
2. Prir	ncipal Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 12/19/1960			
-	te, Apt. #, etc.	Suite, Apt. #, etc.				4. FEI Number		IAn	plied For
22	10, 7 pt. 11, dtc.	27				59-1098804			t Applicable
	/ & State	City & State			····	80 1000007			dditional
23	·	28				5. Certifcate of Status Desired	_ _	Fee Re	
Zip	ip Country Zip			ntry		6. Election Campaign Financing		5.00	May Be
24	25 29 3					Trust Fund Contribution	<u> </u>	Added to	o Fees
	9. Name and Address of Curre				÷	10. Name and Address of New Re	gistered Age	at '	
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	COA FL 32926		Ī	83	*				
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COCão	fice or registered agent, or both, in the State jent. I am familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 617.0503, Flor	uthorized rida Statu	by thes.	he corporation	's board of directors. Thereby accept	the appointme	nt as reg	pistered
SIGNA	Som 19 27 & 8								
	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:		gent	signature required v		DATE		
12.	OFFICERS A	ND DIRECTORS	Registered /	Agent :	signature required v	ADDITIONS/CHANGES TO OFFI		RECTO	
	OFFICERS A	<u> </u>			signature required v		CERS AND DI	RECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

407-636-0865

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 018 ****61.25