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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90024 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701814

1. Corporation Name

BETHEL BIBLE BAPTIST CHURCH, INC.

Principal Place of Business

1950 MICHIGAN AVENUE
P.O. BOX 3147
COCOA FL 32924-0147

Mailing Address

1950 MICHIGAN AVENUE
P.O. BOX 3147
COCOA FL 32924-0147



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/19/1960
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1098804
24 Country	29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	30	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRICE, ANTHONY T.
2414 TULANE
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, ANTHONY T.	1.2 NAME	
STREET ADDRESS	2414 TULANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMON, ROBERT	2.2 NAME	
STREET ADDRESS	1315 JOHNS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KERLEY, WILLIAM	3.2 NAME	
STREET ADDRESS	4964 CORFU DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, JERRY	4.2 NAME	
STREET ADDRESS	5453 HOLDEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, JOSEPH	5.2 NAME	
STREET ADDRESS	608 BREEZEWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

407-636-0865

CR2E037 (11/98)