

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **703469**

(7)

1. Corporation Name

**MOUNT BETHEL BAPTIST INSTITUTIONAL CHURCH, OF DA
YTONA BEACH, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**700 SOUTH MARTIN L. KING JR. BLVD
DAYTONA BEACH FL 32114-5232**

**700 SOUTH MARTIN L. KING JR. BLVD
DAYTONA BEACH FL 32114-5232**

3. Date Incorporated or Qualified

01/18/1962

4. FEI Number

59-1731501

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

Church

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

NA

9. Name and Address of Current Registered Agent

**INGRAM, CLAUDE D. REV.
1401 S. PALMETTO AVE.
SUITE 817
DAYTONA BEACH FL 32014**

81 Name

Rev. Claude D. Ingram

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

1250 Suwanee Rd.

83

P.O. Box 2056

84

City

Daytona Beach

FL

85

Zip Code

32114

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 **PD** ☐ DELETE

NAME **INGRAM, CLAUDE D. (REV.)**

STREET ADDRESS **1401 S. PALMETTO AVE., STE. 817**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **VD** ☐ DELETE

NAME **SCARLETT, DONALD**

STREET ADDRESS **1413 SUNSET BLVD.**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **FSD** ☐ DELETE

NAME **SHACK, PATRICIA A.**

STREET ADDRESS **1025 THIRD ST.**

CITY-ST-ZIP **DAYTONA BEACH, FL 00000**

TITLE **SD** ☒ DELETE

NAME **DAVIS, CANDICE**

STREET ADDRESS **1197 JIMMY ANN DRIVE**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **SCARLETT, MILDRED**

STREET ADDRESS **1413 SUNSET BLVD.**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **INGRAM, CLAUDE D. (REV.)**

1.3 STREET ADDRESS **1250 Suwanee RD.**

1.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

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 **RS** ☒ Change ☐ Addition

4.2 NAME **Brenda Courtney**

4.3 STREET ADDRESS **1417 Mollie Ct.**

4.4 CITY-ST-ZIP **Daytona Beach, FL**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Clerk**

5.3 STREET ADDRESS **Inez Stafford**

5.4 CITY-ST-ZIP **1048 Audry Dr.**

5.5 CITY-ST-ZIP **Daytona Beach, FL**

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)(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.

SIGNATURE: **Rev. Claude D. Ingram**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Claude D. Ingram 7-30-98 901-2556922

Daytime Phone #

CR2E037 (5/98)

0014008