


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90040 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 703928</b>					
1. Corporation Name <b>BETHEL PRESBYTERIAN CHURCH (ORTHODOX PRESBYTERIA N), INC.</b>					
Principal Place of Business 1551 NW 49TH AVE LAUDERHILL FL 33313			Mailing Address 1551 NW 49TH AVE LAUDERHILL FL 33313		



2. Principal Place of Business 21 <b>8918 SW 49th CT.</b> Suite, Apt. #, etc. 22 City & State 23 <b>COOPER CITY, FL</b> Zip Country 24 <b>33328</b> 25		2a. Mailing Address 26 <b>8918 SW 49th CT.</b> Suite, Apt. #, etc. 27 City & State 28 <b>COOPER CITY, FL</b> Zip Country 29 <b>33328</b> 30		3. Date Incorporated or Qualified <b>04/20/1962</b> 4. FEI Number <b>59-2470190</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CRIPPEN, BERNARD S</b> <b>7175 ORANGE DRIVE</b> <b>DAVIE FL 33314</b>			10. Name and Address of New Registered Agent 81 Name <b>CRIPPEN, BERNARD S.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7175 ORANGE DR #310 H</b> 83 84 City <b>DAVIE</b> FL 85 Zip Code <b>33314</b>		

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-7-1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JON D	1.2 NAME	SMITH, JON D
STREET ADDRESS	10749 CLEARY BLVD., APT. 111	1.3 STREET ADDRESS	8918 SW 49th CT.
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RAY	2.2 NAME	ANDERSON, MICHAEL
STREET ADDRESS	4512 NW 49TH DRIVE	2.3 STREET ADDRESS	9999 SUMMERBREEZE DR. #717
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIPPEN, BERNARD S	3.2 NAME	CRIPPEN, BERNARD S.
STREET ADDRESS	7175 ORANGE DRIVE	3.3 STREET ADDRESS	7175 ORANGE DR #310 H
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-1999**

Date

**(954) 475-7107**  
Daytime Phone #

CR2E037 (11/98)