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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704001** (7)

1. Corporation Name

BETHEL PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**2905 GULF-TO-BAY BLVD.
CLEARWATER FL 34619**

**2905 GULF-TO-BAY BLVD.
CLEARWATER FL 34619**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
	30

33759

3. Date Incorporated or Qualified

05/07/1962

4. FEI Number

59-6134520

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBB, ANNIE R
2346 DRUID RD E.
#512
CLEARWATER FL 34624**

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	C	<input type="checkbox"/> DELETE
NAME	LOWRY, ROBERT L	
STREET ADDRESS	5021 BLEMONT ROAD, E., TAMPA PALMS	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERKT, FRANCES R.	
STREET ADDRESS	8492 DEAUVILLE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34665	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAY, HELEN	
STREET ADDRESS	2855 GULF-TO-BAY BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAROTHERS, JAMES	
STREET ADDRESS	21 N. FREDERICKA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, AGNES F.	
STREET ADDRESS	2346 DRUID RD #807	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COBB, ANNIE R	
STREET ADDRESS	2346 DRUID RD E., #512	
CITY-ST-ZIP	CLEARWATER FL 34624	

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALWOOD, R. Jackson	
1.3 STREET ADDRESS	7343 Canvassback Pr.	
1.4 CITY-ST-ZIP	New Port Richey, FL. 34654	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	ZIP 33781	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frances R. Herkt* **FRANCES R. HERKT TREAS. 4/13/98 (813) 545-2545**

CR2E037 (10/97)