


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90012 014 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 704001 | | | | | |
| 1. Corporation Name BETHEL PRESBYTERIAN CHURCH, INC. | | | | | |
| Principal Place of Business 2905 GULF-TO-BAY BLVD. CLEARWATER FL 34619 | | | Mailing Address 2905 GULF-TO-BAY BLVD. CLEARWATER FL 33759 US | | |

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|---------------------------------------------------------------------------------|--|------------------------|--|---------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 28 Suite, Apt. #, etc. | | 05/07/1962 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-6134520 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 Agnes F. MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 2346 DRUID RD. E. LOT 807 83 84 City Clearwater FL 85 Zip Code 33764 | |
| 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 Agnes F. MARTIN | | DATE 2/9/99 | |

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALWOOD, JACKSON R | 1.2 NAME | |
| STREET ADDRESS | 7343 CANVASBACK DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34854 | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERKT, FRANCES R. | 2.2 NAME | |
| STREET ADDRESS | 8492 DEAUVILLE NORTH | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAY, HELEN | 3.2 NAME | |
| STREET ADDRESS | 2855 GULF-TO-BAY BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROTHERS, JAMES | 4.2 NAME | |
| STREET ADDRESS | 21 N. FREDERICKA DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, AGNES F. | 5.2 NAME | CD: SD MARTIN, AGNES F. |
| STREET ADDRESS | 2346 DRUID RD #807 | 5.3 STREET ADDRESS | 2346 DRUID RD. E., LOT 807 |
| CITY-ST-ZIP | CLEARWATER FL | 5.4 CITY-ST-ZIP | CLEARWATER, FL 33764 |
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBB, ANNIE R | 6.2 NAME | |
| STREET ADDRESS | 2346 DRUID RD E., #512 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | 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:

AGNES F. MARTIN
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/99 **727-791-0690**

CR2E037 (1/98)