

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **710363** (3)

1. Corporation Name

**THE BETHLEHEM BAPTIST CHURCH, INCORPORATED, OF O  
RLANDO, FLORIDA**

Principal Place of Business

Mailing Address

**2019 WEST CHURCH STREET  
P.O. BOX 550927  
ORLANDO FL 32805  
US**

**3038 GOLDEN ROCK DRIVE  
6128 HOOK CIRCLE  
ORLANDO FL 32818  
US**



|                                                                        |  |                                                       |  |                                                                                                                                                  |  |                                              |  |
|------------------------------------------------------------------------|--|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business                                         |  | 2a. Mailing Address                                   |  | 3. Date Incorporated or Qualified<br><b>02/15/1966</b>                                                                                           |  | 3a. Date of Last Report<br><b>03/20/1995</b> |  |
| 21 <b>2019 W. Church st.</b><br>Suite, Apt. #, etc.                    |  | 26 <b>3038 Golden Rock Dr.</b><br>Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-1648842</b>                                                                                                               |  | Applied For<br>Not Applicable                |  |
| 22 City & State<br><b>Orlando FL</b>                                   |  | 27 City & State<br><b>Orlando FL</b>                  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                       |  |                                              |  |
| 23 Zip<br><b>32805</b>                                                 |  | 28 Zip<br><b>32818</b>                                |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |  |                                              |  |
| 24 Country<br><b>Orange</b>                                            |  | 30 Country<br><b>Orange</b>                           |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                              |  |
| 9. Name and Address of Current Registered Agent                        |  |                                                       |  | 10. Name and Address of New Registered Agent                                                                                                     |  |                                              |  |
| <b>BISHOP, RICHARD<br/>3038 GOLDEN ROCK DRIVE<br/>ORLANDO FL 32818</b> |  |                                                       |  | 81 Name<br><b>SAME AS ABOVE</b>                                                                                                                  |  |                                              |  |
|                                                                        |  |                                                       |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>SAME</b>                                                                             |  |                                              |  |
|                                                                        |  |                                                       |  | 83 City<br><b>same</b>                                                                                                                           |  |                                              |  |
|                                                                        |  |                                                       |  | 84 Zip Code<br><b>FL</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, 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                      | CPD <input type="checkbox"/> DELETE           | 1.1 TITLE                                             | CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       | <b>BISHOP, REV. RICHARD</b>                   | 1.2 NAME                                              | <b>BISHOP, RICHARD PASTOR</b>                                                  |
| STREET ADDRESS             | <b>3038 GOLDEN ROCK DRIVE</b>                 | 1.3 STREET ADDRESS                                    | <b>3038 GOLDEN ROCK DR.</b>                                                    |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 1.4 CITY-ST-ZIP                                       | <b>ORLANDO FL. 32818</b>                                                       |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | VD <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>REGULAR, JACK</b>                          | 2.2 NAME                                              | <b>REGULAR, JACK</b>                                                           |
| STREET ADDRESS             | <b>3450 COLEMAN PLACE</b>                     | 2.3 STREET ADDRESS                                    | <b>3450 COLEMAN PL.</b>                                                        |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 2.4 CITY-ST-ZIP                                       | <b>ORLANDO FL. 32805</b>                                                       |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DENMARK, WILLIE</b>                        | 3.2 NAME                                              | <b>FULLER, JOHNNY LEE</b>                                                      |
| STREET ADDRESS             | <b>733 W. ANDERSON STREET</b>                 | 3.3 STREET ADDRESS                                    | <b>2229 FIESTA CT.</b>                                                         |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 3.4 CITY-ST-ZIP                                       | <b>ORLANDO FL. 32811</b>                                                       |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>WHITLEY, THOMAS</b>                        | 4.2 NAME                                              | <b>THOMAS WHITLEY</b>                                                          |
| STREET ADDRESS             | <b>528 KITTREDGE</b>                          | 4.3 STREET ADDRESS                                    | <b>528 KITTREDGE</b>                                                           |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 4.4 CITY-ST-ZIP                                       | <b>ORLANDO FL. 32805</b>                                                       |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE                                             | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KELLY, CEDRIC</b>                          | 5.2 NAME                                              | <b>MACKIE DAVIS</b>                                                            |
| STREET ADDRESS             | <b>7813 SILVERBRUSH CIRCLE</b>                | 5.3 STREET ADDRESS                                    | <b>559 331/2 LYONS ST. apt 9</b>                                               |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 5.4 CITY-ST-ZIP                                       | <b>ORLANDO FL. 32807</b>                                                       |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JACKSON, RICKY</b>                         | 6.2 NAME                                              | <b>KEATON, JOEL</b>                                                            |
| STREET ADDRESS             | <b>4379 PRINCE HALL BOULEVARD</b>             | 6.3 STREET ADDRESS                                    | <b>5365 LILY ST.</b>                                                           |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                             | 6.4 CITY-ST-ZIP                                       | <b>Orlando FL. 32811</b>                                                       |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Pastor Richard Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/96**  
DATE

Daytime Phone #

CR2E037 (12/95)