

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90004 019 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712337** ✓

1. Corporation Name

**BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF DEERFIELD BEACH, FLORIDA, INCORPORATED**



Principal Place of Business

Mailing Address

370 N. DEERFIELD AVE  
 DEERFIELD BEACH FL 33441  
 US

P.O. BOX 976  
 DEERFIELD BEACH FL 33443-0976

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/02/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

05-0005906

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETT, THEODORE A.**  
 371 N. DEERFIELD AVE.  
 DEERFIELD BEACH FL 33441

81 Name

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

83

84 City

**FL**

85 Zip Code

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 *Theodore A. Barnett*

7/21/99

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 PD  DELETE  
 NAME BARNETT, THEODORE A.  
 STREET ADDRESS 371 N. DEERFIELD AVE.  
 CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE Treasurer Director  Change  Addition  
 1.2 NAME Mary Scott  
 1.3 STREET ADDRESS 1035 N.W. 11th Ct  
 1.4 CITY-ST-ZIP Ft Lauderdale, FL

TITLE SD  DELETE  
 NAME REID, DOROTHY A.  
 STREET ADDRESS 165 S.E. 3RD AVE.  
 CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME BURNS, P.H.  
 STREET ADDRESS 212 S.W. 4TH STREET  
 CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME SCOTT, EUGENE  
 STREET ADDRESS 1035 NW 11TH CT  
 CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Nancy K...* REQUIRED

Signature and typed or printed name of signing officer or director

7-27-99 954786-3788

Date

Daytime Phone #

CR2E037 (5/99)