

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714413

1. Entity Name

BETHESDA BAPTIST CHURCH, INC.



Principal Place of Business

2810 FORDHAM ROAD NE  
PALM BAY FL 32905

Mailing Address

2810 FORDHAM ROAD NE  
PALM BAY FL 32905

2. Principal Place of Business

As Above

Suite, Apt. #, etc.

3. Mailing Address

As Above

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32905

Country

USA

City & State

Palm Bay, FL

Zip

32905

Country

USA

4. FEI Number

71-4413151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

KISH, ERNEST J  
1173 SCYPHER ST NE  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DC  
NAME KISH, ERNEST J  
STREET ADDRESS 1173 SCYPHER ST NE  
CITY- ST- ZIP PALM BAY FL ☐ Delete

TITLE TD  
NAME KISH, ETHEL P.  
STREET ADDRESS 1173 SCYPHER ST. N.E.  
CITY- ST- ZIP PALM BAY FL ☐ Delete

TITLE SD  
NAME YANIK, JEAN  
STREET ADDRESS 2850 KOSSUTH RD NE  
CITY- ST- ZIP PALM BAY FL 32905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
000000242083  
04/07/05-80058-002 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2005

FILED  
Apr 07, 2005 08:00 AM  
Secretary of State  
Payment  
Enclined