

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90023 046 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

71-4413151

Applied For

No: Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Stephens, Richard W.**

Street Address (P.O. Box Number is Not Acceptable)  
**1162 Price Avenue NW**

City **Palm Bay,**

**FL**

Zip Code  
**32907**

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

*Richard W. Stephens*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

*4/25/2008*

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	KISH, ERNEST J	
STREET ADDRESS	1173 SCYPHER ST NE	
CITY- ST- ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KISH, ETHEL P.	
STREET ADDRESS	1173 SCYPHER ST. N.E.	
CITY- ST- ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YANIK, JEAN	
STREET ADDRESS	2850 KOSSUTH RD NE	
CITY- ST- ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Ethel P. Kish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25, 2008 (321) 783-7727*