2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714413

1. Entity Name

BETHESDA BAPTIST CHURCH, INC.

FILED
11 JUN -1 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2810 FORDHAM ROAD NE PALM BAY FL 32905	2810 FORDHAM ROAD NE PALM BAY FL 32905

1st MCCRE CR2E037 (10/08)

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

4. FEI Number: 71-4413151 (Not 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
Ethel F. Kish 1173 Scypher St. NE Palm Bay, Fl. 32905	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 agents.

SIGNATURE _____ _____ / / _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when this box is used) Date

FILE NOW: FEE IS $61.25 Due By May 1, 2011	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Denzel Alexander-Pastor 4125 Green Oak Drive Melbourne, Fl. 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900208385059 06/01/11--01026--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KISH, ETHEL F. 1173 SCYPHER ST. N.E. PALM BAY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joan M. Stephens Asst. Tr. 1162 Price Avenue NW Palm Bay, Fl. 32907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Ab/1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 attached report.

SIGNATURE: Ethel F. Kish 5/23/2011 (321) 723-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #