

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

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 717737

1. Entry Name

OCALA BETHLEHEM BAPTIST CHURCH, INC.



Principal Place of Business

8750 W HWY. 326
OCALA FL 34482

Mailing Address

7110 NW 90TH AVENUE
OCALA FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7371656

Applied For

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

DAVIS, OTIS
7110 N.W. 90TH AVENUE
OCALA FL 34482

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 reissuing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, OTIS	
STREET ADDRESS	7110 NW 90TH AVE	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, HAROLD	
STREET ADDRESS	4555 NW 80TH PL	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	1811 SW 4TH ST	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ODELL	
STREET ADDRESS	7463 NW HWY 326	
CITY- ST- ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADSHAW, SAUNDRA	
STREET ADDRESS	10270 NW 63RD ST	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUNT, JOHNNIE B.	
STREET ADDRESS	7388 W. HWY 326	
CITY- ST- ZIP	OCALA FL	

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

U00000219986
02/08/05-80048-022 61.25

12. 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 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 #