

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 3:56

DOCUMENT # **724774** (5)
1. Corporation Name
THE BETHANY BAPTIST CHURCH INC. OF ST. AUGUSTINE

Principal Place of Business Mailing Address
C/O SARAH O. SAEY
5330 MUSKOGEAN STR
ST AUGUSTINE FL 32092
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1972** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-1881576** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Bethany Baptist Church** 26 **40 Charles W. Webb**
Suite, Apt., etc. Suite, Apt. #, etc.
22 **5465 C.R. 208** 27 **5110 C.R. 208**
City & State City & State
23 **St. Augustine FL** 28 **St. Augustine FL**
Zip Country Zip Country
24 **32092** 25 **US** 29 **32092** 30 **US**

9. Name and Address of Current Registered Agent
WHITCOMB, GLENN
2585 JUREZ AVE.
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent
81 Name **Charles W. Webb**
82 Street Address (P.O. Box Number is Not Acceptable) **5110 C.R. 208**
83
84 City **St. Augustine** FL 85 Zip Code **32092**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Charles W. Webb**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	SAEY, SARAH O.
STREET ADDRESS	5330 MUSKOGEAN STREET
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	PD
NAME	TAYLOR, JAMES H.
STREET ADDRESS	6658 HAMMOND FORRESR BVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	MCQUAIG, MARK
STREET ADDRESS	5360 C R 208
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	GOWELL, EDMAN
STREET ADDRESS	2800 S. CR. 13-A
CITY-ST-ZIP	ELKTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gowell, Kathy O.
1.3 STREET ADDRESS	2800 South CR 13-A #11
1.4 CITY-ST-ZIP	ELKTON FL. 32033
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taylor, James H.
2.3 STREET ADDRESS	8658 Hammond Forrest Bud.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32221
3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McQuaig, Mark
3.3 STREET ADDRESS	5360 C.R. 208
3.4 CITY-ST-ZIP	St. Augustine FL. 32092
4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gowell, Edman
4.3 STREET ADDRESS	2800 S. CR. 13-A #11
4.4 CITY-ST-ZIP	ELKTON FL. 32033
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gobby, Anthony
5.3 STREET ADDRESS	2520A Pellicer Rd.
5.4 CITY-ST-ZIP	St. Augustine FL, 32092
6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eskew, Wes
6.3 STREET ADDRESS	1950 Sheridan Dr.
6.4 CITY-ST-ZIP	St. Augustine FL. 32086

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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.

SIGNATURE: **Kathy O. Gowell** **Kathy O. Gowell** **3-30-95 (904) 824-8917**
Name and Typed or Printed Name of Signing Officer or Director Date Day/Mo/Yr