


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 5465 C.R. 208 ST AUGUSTINE FL 32092 US	Mailing Address C/O CHARLES W. WEBB 5110 C.R. 208 ST AUGUSTINE FL 32092 US
---	--

3. Date Incorporated or Qualified 11/13/1972	
4. FEI Number 59-1881576	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

WEBB, CHARLES W
5110 C.R. 208
ST AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	GOWELL, KATHY D	
STREET ADDRESS	2800 SOUTH CR 13-A #11	
CITY-ST-ZIP	ELKTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAMES H.	
STREET ADDRESS	8658 HAMMOND FORRESR BVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCQUAIG, MARK	
STREET ADDRESS	5360 C R 208	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOWELL, EDMAN	
STREET ADDRESS	2800 S. CR. 13-A	
CITY-ST-ZIP	ELKTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GODBY, ANTHONY	
STREET ADDRESS	2520A PELLICER RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ESKEW, WES	
STREET ADDRESS	1950 SHERIDAN DR	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Kathy D. Gowell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. Box 5533 NA	
1.3 STREET ADDRESS	ELKTON, FL 32033	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Edman L. Gowell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P.O. Box 5533 NA	
4.3 STREET ADDRESS	ELKTON, FL 32033	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 D. Gowell DATE: 1/19/98 (904) 824-6171 x209

CR2E037 (10/97)