


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90173 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724774**

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Po Box 161	11/13/1972
23. City & State	27. Suite, Apt. #, etc.	4. FEI Number
24. Zip	28. ELKTON FL	59-1881576
25. Country	29. 32033	5. Certificate of Status Desired
	30. USA	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBB, CHARLES W 5110 C.R. 208 ST AUGUSTINE FL 32092	81. Name Steven D. Brown
	82. Street Address (P.O. Box Number is Not Acceptable) 4011 Barbara TER.
	83.
	84. City St Augustine FL 85. Zip Code 32086

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 Steven D. Brown STEVEN D. BROWN DATE 1/16/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWELL, KATHY D	1.2 NAME	
STREET ADDRESS	P.O. BOX 5533 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELKTON FL 32033	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES H.	2.2 NAME	
STREET ADDRESS	8658 HAMMOND FORRESR BVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUAIG, MARK	3.2 NAME	
STREET ADDRESS	5360 C R 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWELL, EDMAN	4.2 NAME	
STREET ADDRESS	P.O. BOX 5533 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELKTON FL 32033	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBY, ANTHONY	5.2 NAME	
STREET ADDRESS	2520A PELLICER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKEW, WES	6.2 NAME	
STREET ADDRESS	1950 SHERIDAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	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, with all other like empowered.

SIGNATURE: KATHY D. GOWELL 1-16-99 (904) 824-6171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)