

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724774

FILED
Mar 28, 2009
Secretary of State

Entity Name: THE BETHANY BAPTIST CHURCH INC. OF ST. AUGUSTINE

Current Principal Place of Business:

5465 C.R. 208
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 59-1881576 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, STEVEN D
4011 BARBARA TERRCE
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ESKEW, DEBRA
Address: 1950 SHERIDAN DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P () Delete
Name: TAYLOR, JAMES H.,
Address: 8658 HAMMOND FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: TOUZET, FREDRICK
Address: 1820 LIGHTSEY RD.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: GOWELL, EDMAN
Address: 10545 CARPENTER AVE.
City-St-Zip: HASTINGS, FL 32145

Title: V () Delete
Name: BROWN, RONALD
Address: 5320 CHURCH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: ESKEW, WES
Address: 1950 SHERIDAN DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN BROWN

RA

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date