

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90004 023 \*\*\*\*61.25

**DOCUMENT # 733310**

1. Entity Name

**BETHANY MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business

5814 58TH ST. COURT  
TAMPA FL 33619

Mailing Address

902 MAYDELL COURT  
TAMPA FL 33619

2. Principal Place of Business

BETHANY MIB Church Inc

3. Mailing Address

902 Maydell Ct

Suite, Apt. #, etc.

5814-58th Ct

Suite, Apt. #, etc.

TAMPA

City & State

TAMPA FL

City & State

FL

Zip

33619

Country

USA

Zip

33619

Country

Hillsborough

6. Name and Address of Current Registered Agent

THOMPSON, CLYDE REV.  
902 MAYDELL COURT  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Same

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

Rev. Clyde Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE P  
NAME THOMPSON, CLYDE REV.  
STREET ADDRESS 902 MAYDELL COURT  
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE D  
NAME STENNIS, DOLORES  
STREET ADDRESS 1014 DAVIS PLACE  
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE D  
NAME DRAYTON, ANN  
STREET ADDRESS 4920 82ND STREET  
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE D  
NAME DIXON, TERRI  
STREET ADDRESS 2620 EAST CHIPCO STREET  
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Rev. Clyde S. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #