


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 733310 |  |
| 1. Entity Name BETHANY MISSIONARY BAPTIST CHURCH, INC. | |

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| Principal Place of Business BETHANY MB CHURCH, INC. 5814 58 ST CT TAMPA, FL 33619 | Mailing Address 902 MAYDELL CT TAMPA, FL 33619 |
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-6524137 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent THOMPSON, CLYDE REV. 902 MAYDELL COURT TAMPA, FL 33619 |
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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 DATE 1/10/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THOMPSON, CLYDE REV. 902 MAYDELL COURT TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STENNIS, DOLORES 1014 DAVIS PLACE TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRAYTON, ANN 4920 82ND STREET TAMPA, FL 33619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIXON, TERRI 2620 EAST CHIPCO STREET TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000178257 01/12/05-80020-016 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Thompson Rev. Clyde Thompson DATE 1/10/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #