

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90010 001 ****61.25

DOCUMENT # 733310

1. Entity Name

BETHANY MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

BETHANY MB CHURCH, INC
5814 58 ST CT
TAMPA FL 33619

Mailing Address

902 MAYDELL CT
TAMPA FL 33619



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-6524137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, CLYDE REV.
902 MAYDELL COURT
TAMPA FL 33619

Name

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 D. Thompson

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

(NOTE: Registered Agent signature (ers) red when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	THOMPSON, CLYDE REV.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		902 MAYDELL COURT	
CITY- ST- ZIP		TAMPA FL 33619	
TITLE	D	STENNIS, DOLORES	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1014 DAVIS PLACE	
CITY- ST- ZIP		TAMPA FL 33619	
TITLE	D	DRAYTON, ANN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4920 82ND STREET	
CITY- ST- ZIP		TAMPA FL 33619	
TITLE	D	DIXON, TERRI	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2620 EAST CHIPCO STREET	
CITY- ST- ZIP		TAMPA FL 33605	
TITLE	D	THOMPSON, SANDRA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		902 MAYFIELD CT	
CITY- ST- ZIP		TAMPA FL 33619	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	D.	McKenley Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1710 Hadley Rd.	
CITY- ST- ZIP		TAMPA, FL 33619	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 D. Thompson

5/13/08-8365