

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733310

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** BETHANY MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

902 MAYDELL CT  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 59-6524137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, CLYDE REV.  
902 MAYDELL COURT  
TAMPA, FL 33619 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: P ( ) Delete  
Name: THOMPSON, CLYDE REV.  
Address: 902 MAYDELL COURT  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: STENNIS, DOLORES  
Address: 1014 DAVIS PLACE  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: DRAYTON, ANN  
Address: 4920 82ND STREET  
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete  
Name: DIXON, TERRI  
Address: 2620 EAST CHIPCO STREET  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: THOMPSON, SANDRA  
Address: 902 MAYFIELD CT  
City-St-Zip: TAMPA, FL 33619

**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  
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: BETTY RAINGE

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date