

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738847

1. Corporation Name
BETHANY Fellowship of Suwannee, Inc.
P.O. Box 836 S.R. 349 So Old Town, FL.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 SUWANNEE

Suite, Apt. #, etc.

22 P.O. BOX 255

City & State

23 SUWANNEE FL USA

Zip

Country

24 32492

25 DIXIE

2a. Mailing Address

26 P.O. BOX 255

Suite, Apt. #, etc.

27

City & State

28 SUWANNEE FL

Zip

Country

29 32492

30

9. Name and Address of Current Registered Agent

ART ANDERSON
2 - 32480
SR 349 So.
OLD TOWN, FLA

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

4/26/77

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PPRS V. PRES. ANDERSON SR. 275 CEDAR SPRINGS, GA 31732

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V. PRES. ART ANDERSON ST. RD. 349 So OLD TOWN, FLA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NORMAN RICHIE (DIR) BOX 356 YOUNG HARRIS, GA 30582

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STELLA SWARD (DIR) S. Rd 4915 Lecont FL 32460

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DIRECTOR GEORGET HEARNS S 6190 N.W 83 LN, CHIEFLAND FLA 32609

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Ronald R. Sharp D 5783 Wadsworth Dr. Lecont FL 32460

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR - S. Sharp, TREAS. ☒ Change ☐ Addition

12 NAME PAUL SHARP

13 STREET ADDRESS 30 hwy 1, Lecont FL

14 CITY-ST-ZIP Lecont FL

21 TITLE D. ROBERT MYERS D ☒ Change ☐ Addition

22 NAME ST. Rd 26

23 STREET ADDRESS TRENTON FLA

24 CITY-ST-ZIP

31 TITLE DIRECTOR ☒ Change ☐ Addition

32 NAME WARD BARNHART

33 STREET ADDRESS 1949 So.

34 CITY-ST-ZIP OLD TOWN, FLA

41 TITLE Stella Sharp ☐ Change ☐ Addition

42 NAME ST.

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/99

Date:

352-542-7021

Daytime Phone #

CR2E037 (11/98)