

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749308

1. Entity Name  
BETHEL MISSIONARY BAPTIST CHURCH OF LAKE  
ALFRED, INC.



Principal Place of Business  
640 MIDWAY AVE.  
LAKE ALFRED, FL 33850

Mailing Address  
P.O. BOX 933  
LAKE ALFRED, FL 33850

09 FEB 19 AM 8:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



01232009 No Chg-NP CR2E037 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KING, LAVERAL E  
515 LEMON AVENUE  
LAKE ALFRED, FL 33850

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2009**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, GEORGE REV
STREET ADDRESS	822 FRENCH ST.
CITY-ST-ZIP	FT. MEADE, FL
TITLE	D
NAME	SANKEY, CHARLIE J DEACON
STREET ADDRESS	6211 POLIC CITY ROAD
CITY-ST-ZIP	HAINES CITY, FL
TITLE	D
NAME	EDWARD, EULINE
STREET ADDRESS	640 N LAKE SWOOPE
CITY-ST-ZIP	LAKE ALFREDO, FL
TITLE	S
NAME	KING, LAVERAL DEACON
STREET ADDRESS	515 LEMON AVE
CITY-ST-ZIP	LAKE ALFREDO, FL
TITLE	VD
NAME	BAITY, JOHN H DEACON
STREET ADDRESS	530 LAKE SWOOPE DR
CITY-ST-ZIP	LAKE ALFREDO, FL 33850
TITLE	D
NAME	BAITY, JOHN H
STREET ADDRESS	530 LAKE SWOOPE DR
CITY-ST-ZIP	LAKE ALFREDO, FL

300144201263  
02/24/09--01001--005 \*\*61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Laveral King* 1/30/09 863 318 3335