

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90022 013 ****61.25

DOCUMENT # 750404

1. Entity Name

BETHANY BAPTIST CHURCH OF MANATEE COUNTY, INC.



Principal Place of Business

26604 S.R. 64 E
MYAKKA CITY FL 34251
US

Mailing Address

26604 S.R. 64 E
MYAKKA CITY FL 34251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1660671

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

NELSON, HOWARD
27880 GOPHER HILL ROAD
MYAKKA CITY FL 34251

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 D
NAME NELSON, HOWARD ☐ Delete
STREET ADDRESS 27880 GOPHER HILL RD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE T
NAME LAUTERBERG, PAUL ☒ Delete
STREET ADDRESS 11606 REX RD
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE T
NAME METCALF, WAYNE L ☐ Delete
STREET ADDRESS 24202 SR 64 E
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE T
NAME WINGATE, DEAN ☐ Delete
STREET ADDRESS 27248 SR 64 E
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE T
NAME MECALF, MICHELLE ☐ Delete
STREET ADDRESS 24202 SR 64 E
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Michelle Metcalf Michelle Metcalf

3/21/04

941-725-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #