

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

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 039 ****61.25

DOCUMENT # 754057

1. Entity Name

**BETHLEHEM MISSIONARY BAPTIST CHURCH,
INCORPORATED**



Principal Place of Business

**869 N.W. 27TH AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**869 N.W. 27TH AVENUE
FT. LAUDERDALE FL 33311**



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

59-7540578

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

**RAY, JAMES
869 N.W. 27TH AVENUE
FT. LAUDERDALE FL 33311**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RAY, JAMES
STREET ADDRESS 320 NW 20TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE D ☐ Change ☒ Addition
NAME St Ricklin, Joseph
STREET ADDRESS 1030 Park Drive.
CITY-ST-ZIP Ft, Lauderdale Fl, 33312

TITLE D ☐ Delete
NAME RAY, RONNIE
STREET ADDRESS 2730 NW 38TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE T ☐ Change ☒ Addition
NAME Thomas, Delroy
STREET ADDRESS 2641 N.W.8 Court Apt 4
CITY-ST-ZIP Ft, Lauderdale, Fl, 33311

TITLE M ☒ Delete
NAME MOBLEY, JOSEPH
STREET ADDRESS 2671 NW 8TH PLACE APT.4
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Delete
NAME DIXON, MARY A.
STREET ADDRESS 5881 NW 12TH COURT
CITY-ST-ZIP SUNRISE FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☒ Delete
NAME MOBLEY, JENNIFER
STREET ADDRESS 406 NW 16TH STREET APT. A
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LIVINGSTON, PATRICK
STREET ADDRESS 3028 NW 8TH ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33311

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 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:

Ronnie Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/08

(934) 581-9065