

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 23 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756164 (0)

1. Corporation Name

FIRST BETHEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

506 NORTH 11TH STREET
FT PIERCE FL 34950-8212

506 NORTH 11TH STREET
FT PIERCE FL 34950-8212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2255151

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIDDLETON, CLEON
1603 NORTH 14TH STREET
FT PIERCE FL 34950
34950

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

4/22/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SHELTON, REV. W.M.

STREET ADDRESS

506 N 11TH STREET

CITY - ST - ZIP

FT PIERCE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

RICHARDSON, AARON, SR

STREET ADDRESS

1801 CORAL AVENUE

CITY - ST - ZIP

FT PIERCE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TDV

NAME

MIDDLETON, CLEON

STREET ADDRESS

1603 N 14TH STREET

CITY - ST - ZIP

FT PIERCE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

TURNER, PETER

STREET ADDRESS

807 NORTH 21ST STREET

CITY - ST - ZIP

FT PIERCE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

ROBINSON, LEVI

STREET ADDRESS

1808 AVENUE F

CITY - ST - ZIP

FT PIERCE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

1808 Avenue "L"

*Correction

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 407.46E-0413