FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90099 039 ****61.25

0074296

DOCUMENT # 756164

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

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) Country (25) — Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/02/1981

4. FEI Number: 59-2255151 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 Cleon M. Middleton CLEON M. Middleton 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SD Williams Patricia	☐ Change ☒ Addition
NAME	SHELTON, REV. W.M.		1.2 NAME		
STREET ADDRESS	506 N 11TH STREET		1.3 STREET ADDRESS	1207 N. 16th ST.	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	FT Pierce, Fla. 34950	
TITLE	D	☐ DELETE	2.1 TITLE	D. Robinson, Levi	☒ Change ☐ Addition
NAME	RICHARDSON, AARON, SR		2.2 NAME		
STREET ADDRESS	1801 CORAL AVENUE		2.3 STREET ADDRESS	1808 Ave L	
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, Fla. 34950	
TITLE	TDV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, CLEON		3.2 NAME		
STREET ADDRESS	1603 N 14TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, PETER		4. 2 NAME		
STREET ADDRESS	807 NORTH 21ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, LEVI		5.2 NAME		
STREET ADDRESS	1808 AVENUE L		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: Cleon M. Middleton CLEON Middleton 4/15/99 561-464-0413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)