

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90238 003 \*\*\*\*61.25

**DOCUMENT # 756164**

1. Entity Name  
**FIRST BETHEL MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
**6914 N.W. BAREDA STREET  
PORT ST. LUCIE, FL 34983  
506 N. 11th St  
Fort Pierce, FL 34950**

Mailing Address  
**6914 N.W. BAREDA STREET  
PORT ST. LUCIE, FL 34983  
506 N. 11th St  
Fort Pierce, FL 34950**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2255151** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KIRK, ROBERT  
232 SW MOSELLE AVE  
PORT SAINT LUCIE, FL 34984**

**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 *Robert Kirk*

*Robert Kirk*

**1-5-06**

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, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **BALDWIN, ELDREW JR.**  
STREET ADDRESS **6914 N.W. BAREDA STREET**  
CITY-STATE-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **VP**  
NAME **KIRK, ROBERT**  
STREET ADDRESS **232 S.W. MOSELLE AVENUE**  
CITY-STATE-ZIP **PORT ST. LUCIE, FL 34984**

TITLE **S**  
NAME **CHESTER KERR, SANDRA**  
STREET ADDRESS **807 AVENUE M**  
CITY-STATE-ZIP **FORT PIERCE, FL 34950**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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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: *Eldrew Baldwin Jr* **Eldrew Baldwin Jr** **1-5-06** **772-464-0951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #