2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 756164

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

Principal Place of Business	Mailing Address
506 N 11TH ST FORT PIERCE, FL 34950	506 N 11TH ST FORT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

FILED
Jul 09, 2008 08:00 AM
Secretary of State

07062008 No Chg-NP   CR2E037 (4/06)

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

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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*   *Finance Chairman*   7/6/08
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 September 12, 2008**

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

U00000953835
07/09/08-80006-030 70.00

10.   OFFICERS AND DIRECTORS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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.*_   7-6-08   772-464-0951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #