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May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758358 (6)
1. Corporation Name
THE BETHEL BAPTIST CHURCH OF GREENFIELD, INC.



Principal Place of Business Mailing Address
18935 MICHIGAN LANE P.O. BOX 1497
SPRING HILL FL 34610 LAND O' LAKES FL 34639-1497
US US

3. Date Incorporated or Qualified 05/14/1981 3a. Date of Last Report 02/07/1996
4. FEI Number 59-2358434 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CHAPMAN, JOHN R.
GREEN FIELD RD
LAND O LAKES FL 33539

10. Name and Address of New Registered Agent
81 Name Gallagher, Jim
82 Street Address (P.O. Box Number is Not Acceptable) 10940 Cub Ct.
83
84 City New Port Richey FL 85 Zip Code 34654

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 Jim Gallagher, President DATE 4-21-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD CHAPMAN, JOHN R. [X] DELETE
NAME CHAPMAN, JOHN R.
STREET ADDRESS GREEN FIELD RD
CITY-ST-ZIP LAND O'LAKES FL
TITLE VD STEWART, ROBERT B [X] DELETE
NAME STEWART, ROBERT B
STREET ADDRESS 76-B PANGOLA
CITY-ST-ZIP LAND O LAKES FL
TITLE STD WILLIAMS, EULA [X] DELETE
NAME WILLIAMS, EULA
STREET ADDRESS RT 1 BOX 982
CITY-ST-ZIP LUTZ FL
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VP D [] Change [X] Addition
1.2 NAME Lee O. Henley
1.3 STREET ADDRESS 10420 Pinto Dr.
1.4 CITY-ST-ZIP Hudson, FL 34669
2.1 TITLE Pres. D [] Change [X] Addition
2.2 NAME Gallagher, Jim
2.3 STREET ADDRESS 10940 Cub Ct.
2.4 CITY-ST-ZIP New Port Richey, FL 34654
3.1 TITLE STD [] Change [X] Addition
3.2 NAME Arbuckle, Charles
3.3 STREET ADDRESS 11742 Lakewood Dr.
3.4 CITY-ST-ZIP Hudson, FL 34669
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE Eula M. Williams DATE 2-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0067683

CP2E037 (9/96)