

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L20577 (7)

1. Corporation Name

BETHLEHEM TEMPLE, INC.



Principal Place of Business

Mailing Address

% AUTHOR L. MANNING. SR.
1125 8 CT SW
VERO BEACH FL 32962

% AUTHOR L. MANNING. SR.
1125 8 CT SW
VERO BEACH FL 32962

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0148068

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 ☐ No

2. Principal Place of Business

2a. Mailing Address

21 935 8th CT SW

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Vero Beach FL

28

24 Zip Country

29 Zip

32962

25 Indian River

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, AUTHOR L., SR.
1125 8 CT SW
VERO BEACH FL 32962

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

PC
MANNING, AUTHOR L., SR.
1125 8 CT SW
VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
MANNING, IDONIA
1125 8 CT SW
VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
TROUTMAN, ANNIE
1280 11 CT SW
VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
HICKS SR., JONNIE
4215 28 COURT
VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Annie Troutman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annie Troutman

4/10/96

407-567-5340

Date

Daytime Phone #

CR2E034 (12/95)