


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004576**

1. Entity Name  
**BETHANY BAPTIST CHURCH INC.**



Principal Place of Business      Mailing Address

1404 N. HWY. 79                      1404 N. HWY. 79  
 BONIFAY, FL 32425                      BONIFAY, FL 32425

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-3556711</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PAUL, JULIAN L**  
 1404 N. HWY. 79  
 BONIFAY, FL 32425

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JULIAN 1404 N. HWY. 79 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JIMMY V 1404 N. HWY. 79 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, STACY 1404 N. HWY. 79 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/05-80109-015 70.00

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12. 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 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 info empowered.

**SIGNATURE:** *Julian L. Paul*      **Julian L. Paul**      4-18-05      850-547-2870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #