


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90178 007 ****61.25

| | | | | | |
|--|-----------------------------------|--|---|---|----------|
| DOCUMENT # N03000004576 | | | |  | |
| 1. Entity Name BETHANY BAPTIST CHURCH INC. | | | | | |
| Principal Place of Business 1404 N. HWY. 79 BONIFAY, FL 32425 | | | Mailing Address 1404 N. HWY. 79 BONIFAY, FL 32425 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3556711 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PAUL, JULIAN L 1404 N. HWY. 79 BONIFAY, FL 32425 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | PASTOR EDWARD BARLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | PAUL, JULIAN | NAME | EDWARD BARLEY | | |
| STREET ADDRESS | 1404 N. HWY. 79 | STREET ADDRESS | 1404 N. Hwy 79 | | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | Bonifay FL 32425 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | | | |
| NAME | BROWN, JIMMY V | NAME | | | |
| STREET ADDRESS | 1404 N. HWY. 79 | STREET ADDRESS | | | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <i>Julian Paul</i> JULIAN PAUL | | | | Date: <i>4/30/08</i> 850-547-5969 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |