

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N10541** (3)

1. Corporation Name

**BETHEL BAPTIST CHURCH OF FORT-LAUDERDALE, FLORID
A, INC.**

Principal Place of Business

**2390 N. W. 34TH TERR.
FORT LAUDERDALE FL 33311**

Mailing Address

**2390 N. W. 34TH TERR.
FORT LAUDERDALE FL 33311**



3. Date Incorporated or Qualified
08/02/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **6060 Kimberly Blvd**

Suite, Apt. #, etc.

22 **No Lauderdale**

City & State

23 **Florida**

Zip

24 **33068**

Country

25 **U.S.A**

2a. Mailing Address

26 **6060 Kimberly Blvd**

Suite, Apt. #, etc.

27 **No Lauderdale**

City & State

28 **Florida**

Zip

29 **33068**

Country

30 **U.S.A**

4. FEI Number
59-2559875

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

9. Name and Address of Current Registered Agent

**DALRYMPLE, DENISE (Dumornay)
2390 N. W. 34TH TERR.
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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 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

Denise Dumornay

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **DALRYMPLE, INA**
STREET ADDRESS **2390 N. W. 34TH TERR.**
CITY - ST - ZIP **FORT LAUDERDALE FL**

V ☐ DELETE

NAME **DALRYMPLE, LAWRENCE SR.**
STREET ADDRESS **2390 N. W. 34TH TERR.**
CITY - ST - ZIP **FORT LAUDERDALE FL**

S ☐ DELETE

NAME **VASSELL, BARRINGTON**
STREET ADDRESS **18899 N. W. 11TH CT.**
CITY - ST - ZIP **MIAMI FL**

D ☐ DELETE

NAME **DALRYMPLE JR., LAWRENCE**
STREET ADDRESS **2390 N. W. 34TH TERR.**
CITY - ST - ZIP **FORT LAUDERDALE FL**

D ☐ DELETE

NAME **RUSSELL, NOEL**
STREET ADDRESS **591 NW 45TH TERR**
CITY - ST - ZIP **PLANTATION FL**

PD ☒ DELETE

NAME **DALRYMPLE, DENISE**
STREET ADDRESS **2390 N.W. 34TH TERR.**
CITY - ST - ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

**PD
Dumornay, Denise
2390 N W 34 Terr
FT Lauderdale, FL 33311**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ina Dalrymple* - **INA DALRYMPLE** 4-10-96 (305) 972-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)