

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 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 # **N10541** (3)

1. Corporation Name

BETHEL BAPTIST CHURCH OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business

Mailing Address

6060 KIMBERLY BLVD
NO LAUDERDALE FL 33068
US

6060 KIMBERLY BLVD
NO LAUDERDALE FL 33068-2812
US



3. Date Incorporated or Qualified
08/02/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **6060 Kimberly Blvd**

22 City & State

27 **No Land**

23 Zip

Country

28 **FL**

Zip

Country

24

25

29 **33068**

30

USA

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
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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	DALRYMPLE, INA	
STREET ADDRESS	2390 N. W. 34TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DALRYMPLE, LAWRENCE SR.	
STREET ADDRESS	2390 N. W. 34TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VASSELL, BARRINGTON	
STREET ADDRESS	18899 N. W. 11TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALRYMPLE JR., LAWRENCE	
STREET ADDRESS	2390 N. W. 34TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, NOEL	
STREET ADDRESS	591 NW 45TH TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUMMIYNAY, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INA DALRYMPLE 3-25-97 972-2321
Date Daytime Phone # 0025710

CR2E037 (9/96)