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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # N12815 (9)**

1. Corporation Name  
**STAR OF BETHLEHEM, OLD REGULAR BAPTIST CHURCH OF JESUS CHRIST, INC.**

Principal Place of Business Mailing Address

**CHURCH-CENTRAL AVE  
% WALTER MULLINS  
CRYSTAL SPRINGS FL 33524  
US**

**4050 WOODTRAIL BLVD  
% WALTER MULLINS  
NEW PORT RICHEY FL 34563  
US**

3. Date Incorporated or Qualified **12/31/1985** 3a. Date of Last Report **01/20/1995**

4. FEI Number **NOT APPLICABLE** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MULLINS, WALTER  
4050 WOODTRAIL BLVD  
NEW PORT RICHEY FL 34563**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD MULLINS, WALTER**

STREET ADDRESS **4050 WOODTRAIL BLVD**

CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE  DELETE

NAME **T REPASS, FRANK**

STREET ADDRESS **8325 JAYSON DR**

CITY-ST-ZIP **BROOKSVILLE FL**

TITLE  DELETE

NAME **VD HOLCOMB, VIRGIL**

STREET ADDRESS **214 TAMPA DOWNS BLVD.**

CITY-ST-ZIP **LUTZ FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **800001707418**

2.1 TITLE  Change  Addition

2.2 NAME **\*\*\*\*\$61.25**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **\*\*\*\*\$61.25**

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

*1-24-96*

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: *Walter Mullins* **1-18-96 813-372-7214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (12/95)