

FILE NOW: FILING FEE IS \$01.20

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

APPROVED
AND
FILED

97 AUG 19 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12815

1. Corporation Name

Amended-
Star of Bethlehem, Old-Regular Baptist
Church of Jesus Christ, Inc.

Principal Place of Business

Mailing Address

Corner of 6th & Central Ave.
Crystal Springs, Fl. 34257

4050 WoodTrail Blvd.
New Port Richey, FL. 34653

3. Date Incorporated or Qualified
12-31-85

3a. Date of Last Report
01-04-97

2. Principal Place of Business
21 Crystal Springs, Fl.

2a. Mailing Address
26 8707 Bridgewater Dr.

4. FEI Number
05-00441-00-61

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
23 Crystal Springs, Fl.

27 City & State
28 New Port Richey, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
34257

25 Country
Pasco

29 Zip
34655

30 Country
Pasco

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Walter Mullins
4050 Wood Trail Blvd.
New Port Richey, Fl. 34653

Delete

81 Name

Clifford Maynard

82 Street Address (P.O. Box Number is Not Acceptable)

83

11990 N.E. Hwy. 316 P. O. Box 468

84

FT. McCOY, FL. 32134 Reddick, FL 32686

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 *Clifford R. Maynard*

Clifford Maynard- P

(Signature of agent or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President & Clergy ☒ DELETE
NAME Walter Mullins
STREET ADDRESS 4050 Wood Trail Blvd.
CITY - ST - ZIP New Port Richey, FL. 34653

1.1 TITLE President ☒ Change ☒ Addition
1.2 NAME Clifford Maynard
1.3 STREET ADDRESS 11990 N.E. Hwy. 316
1.4 CITY - ST - ZIP FT. McCOY, FL. 32134

TITLE V.P. ☒ DELETE
NAME Virgie Holcomb
STREET ADDRESS 4654 Tampa Downs Blvd.
CITY - ST - ZIP Tampa, FL. 33549

2.1 TITLE V.P. ☒ Change ☒ Addition
2.2 NAME James Barney
2.3 STREET ADDRESS 816 S.E. 11th, St
2.4 CITY - ST - ZIP Okeechobee, FL. 32134

TITLE Sec. ☒ DELETE
NAME Frank Repass
STREET ADDRESS 8325 Jayson Dr.
CITY - ST - ZIP Brooksville, FL. 34613

3.1 TITLE Treasure & Trustee ☒ Change ☒ Addition
3.2 NAME Gillis Hamilton
3.3 STREET ADDRESS 8707 Bridgewater Dr.
3.4 CITY - ST - ZIP New Port Richey, FL. 34655

TITLE T ☒ DELETE
NAME William Compton
STREET ADDRESS 102 Jean Ann Ave.
CITY - ST - ZIP Seffner, FL. 33584

4.1 TITLE T ☒ Change ☒ Addition
4.2 NAME Charlie Hall
4.3 STREET ADDRESS 2005 21st. West
4.4 CITY - ST - ZIP Bradenton, FL. 34205

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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 of Block 13 if changed, or of an attachment with an address.

SIGNATURE: *Clifford R. Maynard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Maynard- P

Clifford R. Maynard
Date 8-15-97 Daytime Phone # (352) 591-4861

CLERK