

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N39512

1. Entity Name
BETHLEHEM BAPTIST CHURCH, INC.



Principal Place of Business
**804 MADISON STREET
PALATKA, FL 32177-3343**

Mailing Address
**804 MADISON STREET
PALATKA, FL 32177-3343**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3072289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, JACK JR
807 NORTH 19TH ST
PALATKA, FL 32177**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GREEN, EVELYN S
100 ELM AVE
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEARD, MARY
810 CARR STREET
PALATKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCRAE, ALPHONSO S
410 W. PALMETTO ST
PALATKA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, NAPOLEON
821 OLIVE STREET
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, SHERIDAN
7327 OLD WOLF BAY RD
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARRELL, JACK JR
807 NORTH 19TH ST
PALATKA, FL 32177**

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03/15/07-80044-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Alphonso McRae* **Alphonso McRae**

2-20-07

386-325-4380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #