2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N39512

Entity Name: BETHLEHEM BAPTIST CHURCH, INC.

Current Principal Place of Business:

804 MADISON STREET
PALATKA, FL 321773343

New Principal Place of Business:

Current Mailing Address:

804 MADISON STREET
PALATKA, FL 321773343

New Mailing Address:

FEI Number: 59-3072289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, WILLIAM
2614 GILLIS ST
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	GREEN, EVELYN S	
Address:	100 ELM AVE	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	HEARD, MARY,	
Address:	810 CARR STREET	
City-St-Zip:	PALATKA, FL	
Title:	D	( ) Delete
Name:	MCRAE, ALPHONSO S	
Address:	410 W. PALMETTO ST	
City-St-Zip:	PALATKA, FL	
Title:	D	( ) Delete
Name:	WALKER, NAPOLEON	
Address:	821 OLIVE STREET	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	JACKSON, SHERIDAN	
Address:	7327 OLD WOLF BAY RD	
City-St-Zip:	PALATKA, FL 32177	
Title:	P	( ) Delete
Name:	HARRELL, JACK JR	
Address:	807 NORTH 19TH ST	
City-St-Zip:	PALATKA, FL 32177	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO MCRAE, SR. D 01/22/2009
Electronic Signature of Signing Officer or Director — Date