FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:59

DOCUMENT # N93000000593 (4)

1. Corporation Name
BETACH MINISTRIES, INC.

Principal Place of Business
P.O. BOX 6455
CALLAWAY FL 32405

Mailing Address
P.O. BOX 6455
CALLAWAY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3158150 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISHER, KATHRYN J
161 HITCHCOCK RD.
SOUTHPORT FL 32409

10. Name and Address of New Registered Agent

81 Name: Debbie Bennett
82 Street Address (P.O. Box Number Is Not Acceptable): 6319 East Hwy 22
83
84 City: Panama City FL 85 Zip Code: 32404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Debbie Bennett DATE: 4/8/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT M FISHER,	1.2 NAME		
STREET ADDRESS	161 HITCHCOCK ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT FL 32409	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	TED GARBUTT,	2.2 NAME	Kathryn J. Fisher	
STREET ADDRESS	20016 FRONT BEACH RD.	2.3 STREET ADDRESS	161 Hitchcock Rd	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP	Southport, Fl. 32409	
TITLE	T	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	MICHAEL SERIAN,	3.2 NAME	Kris Serian	
STREET ADDRESS	2250 JENKS AVE. STE. C.	3.3 STREET ADDRESS	2250 Jenks Ave. Suite C	
CITY-ST-ZIP	PANAMA CITY FL 32404	3.4 CITY-ST-ZIP	Panama City, Fl. 32404	
TITLE	T	4.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	KEN WEISENSALE,	4.2 NAME	Chris Parker	
STREET ADDRESS	1836 EAST AVE. LOT 37	4.3 STREET ADDRESS	6030 John Pitts Rd.	
CITY-ST-ZIP	PANAMA CITY FL 32404	4.4 CITY-ST-ZIP	Panama City, Fl. 32404	
TITLE	ST	5.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	PAM WHITE,	5.2 NAME	Debbie Bennett	
STREET ADDRESS	726 JOAN LANE	5.3 STREET ADDRESS	710 School Ave	
CITY-ST-ZIP	SPRINGFIELD FL 32401	5.4 CITY-ST-ZIP	Panama City, Fl. 32401	
TITLE		6.1 TITLE	Trustee	☐ Change ☒ Addition
NAME		6.2 NAME	Chris Johnson	
STREET ADDRESS		6.3 STREET ADDRESS	802 E. 26th St.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lynn Haven, Fl. 32444	

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: Kathryn J. Fisher, President/Director 4-8-95 904-271-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #