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FILED

May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000593 (4)

1. Corporation Name

BETACH MINISTRIES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 6455
CALLAWAY FL 32405P.O. BOX 6455
CALLAWAY FL 324053. Date Incorporated or Qualified
02/05/19933a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, DEBBIE
6319 EAST HWY 22
PANAMA CITY FL 32404

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

Debbie Bennett

4/22/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ROBERT M FISHER, | |
| STREET ADDRESS | 161 HITCHCOCK ROAD | |
| CITY-ST-ZIP | SOUTHPORT FL 32409 | |

| | | |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | Trustee | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Trey Theodore | |
| 1.3 STREET ADDRESS | 755 Harmon Ave | |
| 1.4 CITY-ST-ZIP | Panama City, FL 32401 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FISHER, KATHRYN J. | |
| STREET ADDRESS | 161 HITCHCOCK RD | |
| CITY-ST-ZIP | SOUTHPORT FL | |

| | | |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE | Trustee | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Gretchen Jarman | |
| 2.3 STREET ADDRESS | 1925 E. Lee St. | |
| 2.4 CITY-ST-ZIP | Pensacola, FL 32401 | |

| | | |
|----------------|-------------------------|--------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | SERIAN, KRIS | |
| STREET ADDRESS | 2250 JENKS AVE. SUITE C | |
| CITY-ST-ZIP | PANAMA CITY FL | |

| | | |
|--------------------|-------------------|------------------------------------------------------------------------------|
| 3.1 TITLE | Trustee | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Linda Webb | |
| 3.3 STREET ADDRESS | 4765 Webb way | |
| 3.4 CITY-ST-ZIP | Chipley, FL 32428 | |

| | | |
|----------------|--------------------|--------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | PARKER, CHRIS | |
| STREET ADDRESS | 6030 JOHN PITTS RD | |
| CITY-ST-ZIP | PANAMA CITY FL | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | BENNETT, DEBBIE | |
| STREET ADDRESS | 710 SCHOOL AVENUE | |
| CITY-ST-ZIP | PANAMA CITY FL | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|-----------------|--------------------------------------------|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, CHRIS | |
| STREET ADDRESS | 802 E. 26TH ST. | |
| CITY-ST-ZIP | LYNN HAVEN FL | |

| | | |
|--------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Date

904-271-4068

Daytime Phone # 0077000

CR2E037 (9/96)