

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003171

1. Entry Name
BETHANY BAPTIST CHURCH OF CAROL CITY, FLORIDA,
INC.Principal Place of Business
% REV RALPH A. ROGERS
3205 NW 180 ST
MIAMI, FL 33056Mailing Address
% REV RALPH A. ROGERS
3205 NW 180 ST
MIAMI, FL 33056

03182004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, RALPH A
3205 NW 180TH ST
MIAMI, FL 33056**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, 2004**9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees100000095571
03/24/04-80039-004 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROGERS, RALPH A REV
STREET ADDRESS 3205 NW 180 ST
CITY-ST-ZIP MIAMI, FL 33056TITLE VD
NAME ROGERS, OLIVE
STREET ADDRESS 3205 NW 180 ST
CITY-ST-ZIP MIAMI, FL 33056TITLE SD
NAME ROGERS, AMELIA
STREET ADDRESS 3205 NW 180 ST
CITY-ST-ZIP MIAMI, FL 33056TITLE TD
NAME EDWARDS, HERMAN
STREET ADDRESS 320 NW 205 ST
CITY-ST-ZIP MIAMI, FL 33056TITLE SD
NAME MCRAE, SARAH
STREET ADDRESS 4430 NW 176 ST
CITY-ST-ZIP MIAMI, FL 33056TITLE D
NAME WALTERS, GERTRUDE
STREET ADDRESS 19530 NW 7TH AVENUE
CITY-ST-ZIP MIAMI, FL**DO NOT WRITE
IN THIS SPACE**

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH A. ROGERS

3/22/04