

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003171**

1. Entity Name

BETHANY BAPTIST CHURCH OF CAROL CITY,  
FLORIDA, INC.



Principal Place of Business

% REV RALPH A. ROGERS  
3205 NW 180 ST  
MIAMI FL 33056

Mailing Address

% REV RALPH A. ROGERS  
3205 NW 180 ST  
MIAMI FL 33056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERS, RALPH A REV	
STREET ADDRESS	3205 NW 180 ST	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGERS, CLIVE	
STREET ADDRESS	3205 NW 180 ST	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERS, AMELIA	
STREET ADDRESS	3205 NW 180 ST	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, HERMAN	
STREET ADDRESS	320 NW 205 ST	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCRAE, SARAH	
STREET ADDRESS	4430 NW 176 ST	
CITY- ST- ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, GERTRUDE	
STREET ADDRESS	19530 NW 7TH AVENUE	
CITY- ST- ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000276042  
03/25/05-80052-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*R. A. ROGERS*

REV. RALPH A ROGERS

3/23/05 (305) 625-8313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #