

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003171

FILED
Apr 13, 2009
Secretary of State

Entity Name: BETHANY BAPTIST CHURCH OF CAROL CITY, FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2017561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, RALPH A
3205 NW 180TH ST
MIAMI, FL 33056 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: PD () Delete
Name: ROGERS, RALPH A REV
Address: 3205 NW 180 ST
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: ROGERS, CLIVE
Address: 3205 NW 180 ST
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: ROGERS, AMELIA
Address: 3205 NW 180 ST
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: EDWARDS, HERMAN
Address: 320 NW 205 ST
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: MCRAE, SARAH
Address: 4430 NW 176 ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: WALTERS, GERTRUDE
Address: 19530 NW 7TH AVENUE
City-St-Zip: MIAMI, FL

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: SD (X) Change () Addition
Name: COATES, SANDRA
Address: 931 NW 200 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change () Addition
Name: CRAWFORD, MARY
Address: 901 NW 199 STREET
City-St-Zip: MIAMI, FL 33169

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: RALPH ROGERS

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date