


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 033 ****70.00

DOCUMENT # N93000004307	
1. Entity Name	
BETHLEHEM MISSIONARY BAPTIST CHURCH INC.	

Principal Place of Business	Mailing Address
920 EAST PLANT STREET WINTER GARDEN FL 34787	55 CENTER ST. WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2776810	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
(REV) TAYLOR, CLARENCE R SR. 3112 LAMBATH ST RD. ORLANDO FL 32818

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
------------------	---	---------------------

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE	NAME
V	JOHNSON, LONZIE
STREET ADDRESS	14826 TICKNOR ST.
CITY - ST - ZIP	WINTER GARDEN FL 34787
<input type="checkbox"/> Delete	
TITLE	NAME
PD	TAYLOR, REV CLARENCE R SR
STREET ADDRESS	3112 LAMBATH RD.
CITY - ST - ZIP	ORLANDO FL 32818
<input type="checkbox"/> Delete	
TITLE	NAME
T	TURNER, JIMMY L
STREET ADDRESS	1165 LINCOLN TERRACE
CITY - ST - ZIP	WINTER GARDEN FL 34787
<input type="checkbox"/> Delete	
TITLE	NAME
D	MINCEY, JIMMY
STREET ADDRESS	7112 SCRUBOAK LANE
CITY - ST - ZIP	ORLANDO FL 32807
<input type="checkbox"/> Delete	
TITLE	NAME
D	ESSIE MAE, KEITH
STREET ADDRESS	2262 GATOR DR. APT 352
CITY - ST - ZIP	ORLANDO FL 32751
<input checked="" type="checkbox"/> Delete	
TITLE	NAME
D	WILLIAMS, EDWARD
STREET ADDRESS	841 WINDGROVE TRAIL
CITY - ST - ZIP	MAITLAND FL 32751
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
S	Mobley, Carl
STREET ADDRESS	1039 Autumn Leaf Drive
CITY - ST - ZIP	Winter Garden FL 34787
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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	Date	Daytime Phone #
	CLARENCE R. TAYLOR, SR.	4/2/2007	(407) 963-7755