

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004307

1. Entity Name

BETHLEHEM MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business

**920 EAST PLANT STREET
WINTER GARDEN FL 34787**

Mailing Address

**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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2776810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



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

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, 2008**

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 **V** ☐ Delete
NAME **JOHNSON, LONZIE**
STREET ADDRESS **14826 TICKNOR ST.**
CITY-STATE-ZIP **WINTER GARDEN FL 34787**

TITLE **PD** ☐ Delete
NAME **TAYLOR, REV CLARENCE R SR**
STREET ADDRESS **3112 LAMBATH RD.**
CITY-STATE-ZIP **ORLANDO FL 32818**

TITLE **T** ☐ Delete
NAME **TURNER, JIMMY L**
STREET ADDRESS **1165 LINCOLN TERRACE**
CITY-STATE-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete
NAME **MINCEY, JIMMY**
STREET ADDRESS **7112 SCRUBOAK LANE**
CITY-STATE-ZIP **ORLANDO FL 32807**

TITLE **S** ☐ Delete
NAME **MOBLEY, CARL**
STREET ADDRESS **1039 AUTUMN LEAF DRIVE**
CITY-STATE-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete
NAME **WILLIAMS, EDWARD**
STREET ADDRESS **841 WINDGROVE TRAIL**
CITY-STATE-ZIP **MAITLAND FL 32751**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **U000000841799**
STREET ADDRESS **03/11/08-80001-024 70.00**
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Rev. Clarence R. Taylor* (REV) CLARENCE R. Taylor 2/18/2008 407) 963-7755