

FILE NOW: FILING FEE IS \$61.25 + 8-25 = 70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000357

1. Corporation Name

BETHESDA SEVENTH-DAY ADVENTIST MINISTRIES, INC.

Principal Place of Business

**3880 68TH AVENUE NORTH
PINELLAS PARK FL 33780**

Mailing Address

**3880 68TH AVENUE NORTH
PINELLAS PARK FL 33780**


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90078 014 ****70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/25/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3221248	
24 Country		29 Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CRAWFORD, PATRICK E 1902 LIGHTFOOT ROAD WIMAUMA FL 33598				81 Name CLIVE FLETCHER	
				82 Street Address (P.O. Box Number is Not Acceptable) 326 51st AVE NORTH	
				83	
				84 City ST. PETERSBURG FL 85 Zip Code 33703	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE <u>Clive A. Fletcher</u> DATE <u>1-28-99</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☐ DELETE	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	QUALEY, URIEL A		1.2 NAME	Qualey, Uriel	
STREET ADDRESS	6007 RIVIERA LANE		1.3 STREET ADDRESS	6007 Riviera Lane	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	SD	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	CRAWFORD, E. PATRICK		2.2 NAME	Calder, Dawn	
STREET ADDRESS	1902 LIGHTFOOT ROAD		2.3 STREET ADDRESS	7033 Mistletoe Court	
CITY-ST-ZIP	WIMAUMA FL		2.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, CONWAY		3.2 NAME		
STREET ADDRESS	9871 58TH ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		3.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE	VCD	☒ Change ☐ Addition
NAME	MOORE, JAMES		4.2 NAME	Moore, James	
STREET ADDRESS	3256-A 39TH STREET SOUTH		4.3 STREET ADDRESS	3256-A 39th Street South	
CITY-ST-ZIP	ST. PETERSBURG FL 33712		4.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	CRAWFORD, MAUREEN		5.2 NAME	Fletcher, Rhoni	
STREET ADDRESS	1902 LIGHTFOOT ROAD		5.3 STREET ADDRESS	326 51 st Ave North	
CITY-ST-ZIP	WIMAUMA FL		5.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	P	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	FLETCHER, CLIVE		6.2 NAME	Fletcher, Clive	
STREET ADDRESS	3880 68TH AVENUE NORTH		6.3 STREET ADDRESS	326 51 st Ave North	
CITY-ST-ZIP	PINELLAS PARK FL 33780		6.4 CITY-ST-ZIP	St. Petersburg, FL 33703	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clive A. Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 727 521-1626

CR2E037 (11/98)