

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004150 (8)**

1. Corporation Name

BETHEL BAPTIST ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

**1000 THOMAS AVE.
LEESBURG FL 34748**

Mailing Address

**P O BOX 493211
LEESBURG FL 34749-3211
US**

3. Date Incorporated or Qualified
08/19/1994

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
59-3184708

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**ALLEN, JAMES T
1000 THOMAS AVE.
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLEN, JAMES T
1000 THOMAS AVE.
LEESBURG FL 34748

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLEMENTE, LIONEL
1000 THOMAS AVE.
LEESBURG FL 34748

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROWN, A.L. SR
1000 THOMAS AVE.
LEESBURG FL 34748

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRIGGS, NADINE
1000 THOMAS AVE.
LEESBURG FL 34748

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RACHEL, EVERETT
1000 THOMAS AVE.
LEESBURG FL 34748

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRIMES, CLEOPATRA
1000 THOMAS AVE.
LEESBURG FL 34748

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

CLEMENTS, LIONEL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

2ND Vice Moderator
Deceased/replaced in Nov. 1996

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JAMES T. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 11, 1996 (352) 365-2677

Date

Daytime Phone #

CR2E037 (3/96)