

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 22 1998 8:00am
Secretary of State

0012260

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004150 (8)

1. Corporation Name

BETHEL BAPTIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1000 THOMAS AVE.
LEESBURG FL 34748

P O BOX 493211
LEESBURG FL 34749-3211
US

3. Date Incorporated or Qualified

08/19/1994

4. FEI Number

59-3184708

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, JAMES T
1000 THOMAS AVE.
LEESBURG FL 34748

81 Name

CLEMENTS, LIONEL

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

1000 THOMAS AVENUE

83

84 City

LEESBURG,

FL

85 Zip Code

34748

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



LIONEL CLEMENTS, MODERATOR

JULY 8, 1998

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

(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	0	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES T	
STREET ADDRESS	1000 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	0	<input type="checkbox"/> DELETE
NAME	CLEMENTS, LIONEL	
STREET ADDRESS	1000 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL	

TITLE	0	<input type="checkbox"/> DELETE
NAME	GRIGGS, NADINE	
STREET ADDRESS	1000 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	0	<input type="checkbox"/> DELETE
NAME	RACHEL, EVERETT	
STREET ADDRESS	1000 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	0	<input type="checkbox"/> DELETE
NAME	GRIMES, CLEOPATRA	
STREET ADDRESS	1000 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLEMENTS, LIONEL	
1.3 STREET ADDRESS	1000 THOMAS AVENUE	
1.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHANDLER, ARTHUR J.	
2.3 STREET ADDRESS	1000 THOMAS AVENUE	
2.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBINSON, LORENZO	
3.3 STREET ADDRESS	1000 THOMAS AVENUE	
3.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRIMES, CLEOPATRA	
4.3 STREET ADDRESS	1000 THOMAS AVENUE	
4.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHISHOLM, E. E.	
5.3 STREET ADDRESS	1000 THOMAS AVENUE	
5.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	THOMAS H. SUTTON	
6.3 STREET ADDRESS	1000 THOMAS AVENUE	
6.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748	

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL CLEMENTS, MODERATOR 7/8/98 (352) 365-267

Date

Daytime Phone #

CR2E037 (5/98)