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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90101 013 \*\*\*\*61.25

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**DOCUMENT # N94000004150**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3184708	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

CLEMENTS, LIONEL  
1000 THOMAS AVENUE  
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
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 *Lionel Clements* (NOTE: Registered Agent signature required when reinstating) DATE *Feb. 18, 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, LIONEL	1.2 NAME	
STREET ADDRESS	1000 THOMAS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, ARTHUR J	2.2 NAME	
STREET ADDRESS	1000 THOMAS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LORENZO	3.2 NAME	
STREET ADDRESS	1000 THOMAS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, CLEOPATRA	4.2 NAME	D LEE, BETTY A.
STREET ADDRESS	1000 THOMAS AVE.	4.3 STREET ADDRESS	1000 THOMAS AVENUE
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, E E	5.2 NAME	D SMITH, DONALD R.
STREET ADDRESS	1000 THOMAS AVE.	5.3 STREET ADDRESS	1000 THOMAS AVENUE
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	LEESBURG, FLORIDA 34748
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, THOMAS H	6.2 NAME	
STREET ADDRESS	1000 THOMAS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	

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: *Lionel Clements* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *Feb. 18, 1999* DAYTIME PHONE # *365-2677*

CR2E037 (11/98)