## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

1 Q Q Gy/Ime Phone # 0041559

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

## DOCUMENT # N9500004697 (7) 1. Corporation Name

BETHLEHEM BAPTIST CHURCH, INC. OF PALM BEACH COUNTY

NTY															
Principal Place of Business Mailing Address								<del></del>		{	ein tellet fosta dolla dette	FORM DENI DON	I WENNY MININE II	illi filli ildi	
3031 AVENUE "I" P.O. BOX 10597 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419-0593							•								
										3. Date incorp 10/05/	orated or Qualified /1995	3a. Date	of Last Re 3/08/199	port 6	
Principal Place of Business     1				-	2a. Mailing Address					4. FEI Number 65-0136060			<del></del>	plied For Applicable	
Suite, Apt. #, etc.					Suite, Apt #, etc						f Status Desired		<b>\$0.70</b> n		
22				27						5. Certificate o	o Status Desireu		Fee Re	quired	
23	City & State			28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
==	Zip				Zip Country				8. This corporation has liability for intangible tax under s. 199.032,						
24		26 29 30					Florida Statutes Yes No								
Name and Address of Current Registered Agent										10. Name and	Address of New Re	egistered Ag	pent		
•								Name	Name						
GIBSON, EUNICE B							82	Stree	t Addres	ddress (P.O. Box Number is Not Acceptable)					
		BTH STREE					83								
	WEST PA	ATM REAC	H FL 33407												
							84	City				FL	85 Zip (		
٦	11. Pursuant I	to the provis	ions of Sections 617.050 jent, or both, in the State ith, and accept the oblig	2 and	617.1508, Florida	Statutes, i	the above	-name	d corpo	ration submits thi	s statement for the	purpose of c	changing its	registered registered	
	agent. I as	m familiar wi	th, and accept the oblig	ations	of, Section 617.0	503, Florida	a Statute	3.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>***</b> ** := = <b>;</b> = :			
9	SIGNATURE _								10.0			DATE			
<b>-</b>		Signature, typed	or printed name of registered age OFFICERS AN			(NOTE: Re	gistered Age	nt signati	ve required	when reinstating)	CHANGES TO OFFI		DIRECTOR	S IN 12	
	IZ.	P -	OF TOURS AN	DINE	K KDELI	ETE	1.1 TITLE			D	or managed to or the		Change	Addition	
	NAME	,	RT, GILBERT W		<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		1.2 NAME		1	STEWART.	GILBERT				
1	STREET ADDRESS		EN COVE LANE			1	1.3 STREET	ADDRES!		5147 Gla	ncove La	10.			
1	CITY-ST-ZIP		ALM BEACH FL	7₹			1.4 CITY-8		l W	est Palm	Beach.	FI 334	115		
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,	NAME	NEWTO	N, CORALINE				2.2 NAME								
١,	STREET ADDRESS		NE SAGE CIRCLE			ı	2.3 STREET	ADDRESS	;						
1	CITY-ST-ZIP	WEST P	ALM BEACH FL 3340	)9			2. 4 CITY -	ST-ZIP							
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Į.	NAME Street address		W JERSEY ST				5.3 STREET	ADDRESS			h Street	(13	ン		
1	STREET ADDRESS   Dity - St - Zip		CH FL 33401				5.4 CITY-				m Beach.	FL 33	401		
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ı	NAME	JOHNS	ON, EVELYN		<del>_</del>		6.2 NAME								
١	STREET ADDRESS		. BTH ST				6.3 STREE	ADDRES.	s		:				
	CITY - ST - ZIP		BCH FL 33404				6.4 CITY-					·		<u> </u>	

14. I do 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.