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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004697					
1. Corporation Name BETHLEHEM BAPTIST CHURCH, INC. OF PALM BEACH COUNTY					
Principal Place of Business 3031 AVENUE "I" RIVIERA BEACH FL 33404			Mailing Address P.O. BOX 10597 RIVIERA BEACH FL 33419		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/05/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0136060	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GIBSON, EUNICE B 1046 - 36TH STREET WEST PALM BEACH FL 33407				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	T
NAME	STEWART, GILBERT W	1.2 NAME	EALY PERCY
STREET ADDRESS	5147 GLEN COVE LANE	1.3 STREET ADDRESS	3886 VICTORIA DR.
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FLA. 33406
TITLE	ST	2.1 TITLE	T
NAME	NEWTON, CORALINE	2.2 NAME	HAMILTON DEDE
STREET ADDRESS	1204 PINE SAGE CIRCLE	2.3 STREET ADDRESS	135 N.W. 5TH AVE. #4
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	DELRAY BEACH, FLA. 33444
TITLE	V	3.1 TITLE	
NAME	NIMMONS, JOSIRE	3.2 NAME	
STREET ADDRESS	529 15TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	GIBSON, EUNICE	4.2 NAME	
STREET ADDRESS	1046 36TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	ROLLE, ROBERTA	5.2 NAME	
STREET ADDRESS	1382 13TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	W.P. BCH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	JOHNSON, EVELYN	6.2 NAME	
STREET ADDRESS	1417 W. 8TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIENA BCH FL 33404	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: DANIEL W. STEWART 1-20-99 561-969-0766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)