


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 22, 2005 8:00 am
Secretary of State

04-05-2005 90044 041 ****61.25

DOCUMENT # N95000004697					
1. Entity Name BETHLEHEM BAPTIST CHURCH, INC. OF PALM BEACH COUNTY					
Principal Place of Business 5000 PURDY LN WEST PALM BEACH FL 33415			Mailing Address 5000 PURDY LN WEST PALM BEACH FL 33415		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0136060	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GIBSON, EUNICE B. 1046 - 36TH STREET WEST PALM BEACH FL 33407				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, GILBERT W		NAME		
STREET ADDRESS	5147 GLEN COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOUGOUNEAV, TRACEY		NAME	MCCRAY ROCHUN	
STREET ADDRESS	725 WILEX DR.		STREET ADDRESS	2456 LENA LANE	
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAINES, WILLIE JR		NAME		
STREET ADDRESS	4651 WENHART RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, EUNICE		NAME		
STREET ADDRESS	1046 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLLE, ROBERTA		NAME		
STREET ADDRESS	1382 13TH STREET		STREET ADDRESS		
CITY-ST-ZIP	W.P. BCH FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, EVELYN		NAME		
STREET ADDRESS	1417 W. 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	RIVIENA BCH FL 33404		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rev. G. W. Stewart</i>			Date: APR 15, 05 561-385-6517		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		