

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001419

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** BETHEL BAPTIST INSTITUTIONAL CHURCH INC.

**Current Principal Place of Business:**

215 BETHEL BAPTIST STREET  
JACKOSNVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

215 BETHEL BAPTIST STREET  
JACKOSNVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-0718484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEKIN, MALIN & WENZEL, P.A.  
1 INDEPENDENT DR 22 FLOOR  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCKISSICK, RUDOLPH W SR.  
Address: 9918 ORCHARD HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD  
Name: MCKISSICK, RUDOLPH W JR.  
Address: 9912 MARGATE HILLS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: EDWARDS, JOHN  
Address: 1645 INKBERRY ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: JONES, LAWRENCE  
Address: 3013 TUSK ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: TERRELL, EMMETT  
Address: 6954 ALANA ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUDOLPH W. MCKISSICK, SR.

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date