


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001829 (8)**  
1. Corporation Name  
**BETHEL BAPTIST CHURCH OF APOPKA, INC.**



Principal Place of Business 914 S. PARK AVE. APOPKA FL 32703 US	Mailing Address 914 S. PARK AVE. APOPKA FL 32703 US
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3. Date Incorporated or Qualified <b>01/17/1995</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**CHARLTON, BEVERLY  
344 E 13TH STREET  
APOPKA FL 32703**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	CARTER, JOE	
STREET ADDRESS	133 E 13TH ST	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/>
NAME	CHARLTON, SAMUEL	
STREET ADDRESS	344 E 13TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/>
NAME	CHARLTON, BEVERLY	
STREET ADDRESS	344 E 13TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/>
NAME	CARTER, ULYSSES	
STREET ADDRESS	814 S. LAKE AVE.	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input type="checkbox"/>
NAME	CARTER, BEVERLY	
STREET ADDRESS	814 S. LAKE AVE.	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input type="checkbox"/>
NAME	JACKSON, FANNIE	
STREET ADDRESS	591 MARDEN MEADOWS	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *Beverly J. Charlton* **BEVERLY J. Charlton** 1-5-98 (407) 889-4050

CR2E037 (10/97)