

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N97000007055 (3)

1. Corporation Name

STAR OF BETHLEHEM MINISTRIES, INC.

Principal Place of Business

176 TWO TRAIL ROAD
ALFORD FL 32420

Mailing Address

176 TWO TRAIL ROAD
ALFORD FL 32420

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FLICK, JAMES E
176 TWO TRAIL ROAD
ALFORD FL 32420

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature type: The printed name and the signature type of the officer or director.

(NOTE: Registered Agent signature required when necessary)

DATE

OFFICERS AND DIRECTORS

12

TITLE

NAME

STREET ADDRESS

CITY/ST/ZIP

TITLE

NAME

STREET ADDRESS

CITY/ST/ZIP

TITLE

NAME

STREET ADDRESS

CITY/ST/ZIP

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CITY/ST/ZIP

TITLE

NAME

STREET ADDRESS

CITY/ST/ZIP

TITLE

NAME

STREET ADDRESS

CITY/ST/ZIP

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

P/T/D

JAMES E. FLICK

176 TWO TRAIL RD

ALFORD FL 32420

V/D

EDITH D. FLICK

521 BRIGHTON ST.

BETHLEHEM PA 18015

S/D

JAMES H. FLICK

521 BRIGHTON ST.

BETHLEHEM PA 18015

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. FLICK
JAMES E. FLICK

9/25/98

Date

850 579.2876

Display Phone #

CR2EC37 (5-98)