FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004565

1. Corporation Name
BETHEL BY THE LAKE, INC.

Principal Place of Business	Mailing Address
501 W. ORANGE AVE. TALLAHASSEE FL 32310	501 W. ORANGE AVE. TALLAHASSEE FL 32310

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/07/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPENCER, GWENDOLYN J 3848 SHAMROCK WEST TALLAHASSEE FL 32308	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	BOD	☐ Change ☒ Addition
NAME	GREEN, JOHN F		12 NAME	Carr, Wilmon E.	
STREET ADDRESS	501 W. ORANGE AVE.		13 STREET ADDRESS	1221 Coleman Street	
CITY-ST-ZIP	TALLAHASSEE FL 32310		14 CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	V	☐ DELETE	21 TITLE	BOD	☐ Change ☒ Addition
NAME	WEBSTER, JOSEPH L SR		22 NAME	Hill, Rosalie A.	
STREET ADDRESS	4891 HIGHGROVE ROAD		23 STREET ADDRESS	715 Springsax Road	
CITY-ST-ZIP	TALLAHASSEE FL 32308		24 CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	S	☐ DELETE	31 TITLE	BOD	☐ Change ☒ Addition
NAME	PETTIES, SYLVIA G		32 NAME	Jones, A. Lanier	
STREET ADDRESS	3203 WHEATLEY ROAD		33 STREET ADDRESS	2928 Edenberry Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32310		34 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LOUD, IRWIN C		42 NAME		
STREET ADDRESS	1741 BROOKSIDE BLVD.		43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	02-05-1999 90019 037 $10.00	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP	P		54 CITY-ST-ZIP		
TITLE	[illegible]	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	501 W. ORANGE AVE.		62 NAME	JB 2-25-99	
STREET ADDRESS	TALLAHASSEE FL 32310		63 STREET ADDRESS		
CITY-ST-ZIP	V		64 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: SIGNATURE REQUIRED 1/14/99 (850) 576-7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E007 (11/98)