2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 28, 2008 8:00 am DOCUMENT # N99000004908 **Secretary of State** 1. Entity Name 03-28-2008 90041 024 \*\*\*\*61.25 BETHLEHEM BAPTIST CHURCH OF KYNESVILLE, INC. Principal Place of Business Mailing Address 2300 BETHLEHEM RD 2246 MORRIS RD **COTTONDALE FL 32431** COTTONDALE FL 32431 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 59-2342851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, KENT nber is Not Acceptable) 3242 GARDENVIEW RD **COTTONDALE FL 32431** 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 ager SIGNATURE dered agent und sticil approacie. (NOTE: Benestered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to ... \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 TITLE Delete TITLE ☐ Change Addition MORRIS, FAYE HAME NAME 2246 MORRIS RD STREET ADDRESS STREET ADDRESS COTTONDALE FL 32431 CITY - ST - ZIP CITY-ST-ZIP ☐ Delate 7:TUF THE TO Change Addition KENT, BRADLEY NAME MAIZE 3242 GARDENVIEW ROAD STREET ADDRESS STREET ADDRESS COTTONDALE FL 32431 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD ☐ Delete TITLE Change Modition [7] METVIN, WILLIE P HAME NAME 2270 SYFETT RD STREET ADDRESS STREET ADDRESS COTTONDALE FL 32431 CITY - ST - ZiP CITY-ST-ZIP Change TITLE SD ☐ Delete TITLE ☐ Addition GRIFFIN, JOHN B NAME NAME 2776 KYNESVILLE RD STREET ADDRESS STREET ADDRESS COTTONDALE FL 32431 CITY-ST-ZIP CITY - ST - ZIP Addition 2 THE ☐ Dalete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILD Delete DILL □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered. Faye Morris, Church In

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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 path; 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

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