

**7 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007297

1. Entity Name
**BETHLEHEM MISSIONARY BAPTIST CHURCH, INC. OF
ST. PETERSBURG, FL.**



Principal Place of Business
**1241 22ND ST. SOUTH
ST. PETERSBURG, FL 33712**

Mailing Address
**1241 22ND ST. SOUTH
ST. PETERSBURG, FL 33712**



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3617057	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WYNN, NED
3150 6TH AVE. SOUTH
ST. PETERSBURG, FL 33712**

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IN THIS SPACE**

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 agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WYNN, NED 3150 6TH AVE. SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMALL, ANNIE 4063 2ND AVE. SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TYLER, SYLVESTER 2850 3RD AVE. SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/25/07-80044-020 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/07
Date

(727) 323-8854
Daytime Phone #