

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749308

FILED
Feb 02, 2018
Secretary of State
CC1654200827

Entity Name: BETHEL MISSIONARY BAPTIST CHURCH OF LAKE ALFRED, INC.

Current Principal Place of Business:

640 MIDWAY AVE.
LAKE ALFRED, FL 33850

Current Mailing Address:

P.O. BOX 933
LAKE ALFRED, FL 33850 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, LAVERAL ESR.
1510 LAKE THOMAS LOOP
WINTER HAVEN, FL 33880 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LEONARD, DELDRICK REV
Address 640 MIDWAY AVENUE
City-State-Zip: LAKE ALFRED FL 33850

Title D
Name SANKEY, CHARLIE JDEACON
Address 6211 POLK CITY ROAD
City-State-Zip: HAINES CITY FL

Title D
Name EDWARD, EULINE
Address 640 N LAKE SWOOPE
City-State-Zip: LAKE ALFRED FL 33850

Title S
Name KING, LAVERAL DEACON
Address 1510 LAKE THOMAS LOOP
City-State-Zip: WINTER HAVEN FL 33880

Title VD
Name BAITY, JOHN HDEACON
Address 530 LAKE SWOOPE DR
City-State-Zip: LAKE ALFRED FL 33850

Title D
Name BAITY, JOHN H
Address 530 LAKE SWOOPE DR
City-State-Zip: LAKE ALFRED FL 33850

Title DEACON
Name KING, LAVERAL E JR.
Address 588 CODY CALEB DR.
City-State-Zip: WINTER HAVEN FL 33884

Title DEACON
Name EULINE, EDWARD III
Address 2396 BEACON LANDING CIRCLE
City-State-Zip: ORLANDO FL 32824

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAVERAL KING SR.

REGISTERED AGENT

02/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name BOSWELL, EVA KAREN
Address 645 E LEMON AVE.
City-State-Zip: LAKE ALFRED FL 33850