

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90009 024 ****70.00

DOCUMENT # 710136 1. Entity Name BETHEL RENEWAL CHURCH, INC.	
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Principal Place of Business 711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225	Mailing Address 711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-0950077	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODARD, DAVID 7780 ALLSPICE CIRCLE EAST JACKSONVILLE FL 32244	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code	



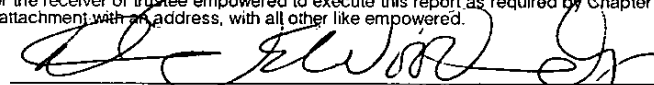
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYON, RICHARD 8469 SPICEWOOD DRIVE JACKSONVILLE FL 32216-1518 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WOODARD, DAVID 7780 ALL SPICE CIRCLE EAST JACKSONVILLE FL 32244-7035 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYON, WANETA 8469 SPICEWOOD DRIVE JACKSONVILLE FL 32216-1518 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Selling, Sharon 1711 St. Johns Bluff Rd Jacksonville, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, LYDIA 9725 DOOLITTLE RD. JACKSONVILLE FL 32246 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Walton, Lydia 9725 Doolittle Rd Jacksonville, FL 32246 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, DENISE 1123 S SHORE JACKSONVILLE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wallace, Robert 12969 Palmetto Glade Dr. Jacksonville, FL 32246 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, ELDON 2044 SPRINKLE DR. JACKSONVILLE FL 32211 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, Carmelita 917 Fox Chapel Lane Jacksonville, FL 32221 ☐ Change ☒ Addition

12. 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 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:  2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #