2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710136

FILED Apr 02, 2007 Secretary of State

Entity Name: BETHEL RENEWAL CHURCH, INC.

Littly Nai	ile. DETITIEL	RENEVVAL CHORCH, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	OHNS BLUFF VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	OHNS BLUFF VILLE, FL 322				
FEI Number:	: 59-0950077	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
JACKSON The above	SPICE CIRCLE VILLE, FL 322 named entity:	244 US	ourpose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.				
SIGNATUR		· · · · · · · · · · · · · · · · · · ·			
		nic Signature of Registered Age		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WOODARD, DA	Delete AVID E CIRCLE EAST E, FL 322447035	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SELLINGERS,	BLUFF RD. NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (WALTON, LYD 9725 DOOLITT JACKSONVILL	LE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WALLACE, RO 9725 DOOLITT JACKSONVILL	LE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MOORE, CARN 917 FOX CHAF JACKSONVILL	'EL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID E. WOODARD JR VDT 04/02/2007