

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710136

FILED
Feb 25, 2009
Secretary of State

Entity Name: BETHEL RENEWAL CHURCH, INC.

Current Principal Place of Business:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225 67

New Principal Place of Business:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225

Current Mailing Address:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225 67

New Mailing Address:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225

FEI Number: 59-0950077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODARD, DAVID
7780 ALLSPICE CIRCLE EAST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VDT () Delete
Name: WOODARD, DAVID
Address: 7780 ALLSPICE CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32244 70

Title: D () Delete
Name: SELLINGERS, SHARON
Address: 711 ST JOHNS BLUFF RD. NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: WALTON, LYDIA
Address: 9725 DOOLITTLE RD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: WALLACE, ROBERT
Address: 9725 DOOLITTLE RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: MOORE, CARMELITA
Address: 917 FOX CHAPEL LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DRENCKPOHL, JOANNE
Address: 2049 LUANA DR EAST
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify 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: LYDIA WALTON

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date