

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732237

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: BETHEL BAPTIST CHURCH & MINISTRIES, INC.

**Current Principal Place of Business:**

14 SIERRA RD  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

14 SIERRA RD  
HAVANA, FL 32333

**New Mailing Address:**

FEI Number: 59-2935075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMMONS, WILLIAM  
97 KINGS RD  
HAVANA, FL 32333 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: PD ( ) Delete  
Name: RULEY, MARK  
Address: 66 HONEYSUCKLE DR  
City-St-Zip: HAVANA, FL 32333

Title: T ( ) Delete  
Name: GIBBS, JIM  
Address: 1036 TALLAVANA DR  
City-St-Zip: HAVANA, FL 32337

Title: T ( ) Delete  
Name: REINHARD, LARRY  
Address: 80 BEAVER CREEK RD.  
City-St-Zip: HAVANA, FL 32333

Title: VP (X) Delete  
Name: AMMONS, WILLIAM  
Address: 97 KINGS ROAD  
City-St-Zip: HAVANA, FL 32333

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AMMONS, WILLIAM E  
Address: 97 KINGS ROAD  
City-St-Zip: HAVANA, FL 32333

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

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

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

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: WILLIAM AMMONS

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date