

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G15848**

1. Entity Name  
**BETHSAIDA, INC.**



Principal Place of Business      Mailing Address  
**4315 HAMILTON RD      4315 HAMILTON RD**  
**LAKE LAND, FL 33811      LAKE LAND, FL 33811**

**DO NOT WRITE IN THIS SPACE**



01052006      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**59-2273898**

Applied For  
Not Applicable

5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FORTNER, W. RAY**  
**422 SOUTH FLORIDA AVE.**  
**LAKE LAND, FL 33802**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.      ☐

**\$5.00** May Be  
Added to Fees

11000000403182  
02/03/06-80038-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      PD  
NAME      RITCHEY, DAVID A.  
STREET ADDRESS      4309 HAMILTON ROAD  
CITY - ST - ZIP      LAKE LAND, FL

TITLE      VS  
NAME      RITCHEY, JULIA A.  
STREET ADDRESS      4309 HAMILTON ROAD  
CITY - ST - ZIP      LAKE LAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:** David A. Ritchey      **DAVID A. RITCHEY**      **1-27-06**      **863 644-3009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #