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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35266 (8)

1. Corporation Name
BETHEL CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business Mailing Address
**P.O. BOX 150 P.O. BOX 150
DAYTONA BEACH FL 32115-0150 DAYTONA BEACH FL 32115-0150**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
11/15/1989 02/18/1994
4. FBI Number Applied For
59-2982506 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DITTMAN, LINDA K.
73 WOODVIEW DRIVE
PORT ORANGE FL 32114**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUGLAND, KATHERINE
STREET ADDRESS	519 CAMBRIDGE CIRCLE
CITY - ST - ZIP	S. DAYTONA FL
TITLE	D
NAME	DITTMAN, LINDA K.
STREET ADDRESS	73 WOODVIEW DRIVE
CITY - ST - ZIP	PORT ORANGE FL
TITLE	D
NAME	JEYSEELAN, JOHN A.
STREET ADDRESS	7 OAK AVENUE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D
NAME	RIVERA, JOE
STREET ADDRESS	17 FAIR OAKS AVE
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D
NAME	HILL, R.C.
STREET ADDRESS	3000 N. ATLANTIC AVE.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hema Jeyseelan	
1.3 STREET ADDRESS	7 Oak Avenue	
1.4 CITY - ST - ZIP	Ormond Beach, FL 32174	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R.C. Hill, III	
2.3 STREET ADDRESS	901 South Atlantic Avenue, # 106	
2.4 CITY - ST - ZIP	Ormond Beach, FL 32174	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Melinda Hill	
3.3 STREET ADDRESS	901 South Atlantic Avenue, #106	
3.4 CITY - ST - ZIP	Ormond Beach, FL 32174	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joe Rivera	
4.3 STREET ADDRESS	9 Cypress View Trail	
4.4 CITY - ST - ZIP	Ormond Beach, FL 32174	
5.1 TITLE	Katherine Bugland	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	519 Cambridge Circle	
5.3 STREET ADDRESS	S. Daytona, FL 32119	delete - D no longer D
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda K. Dittman Date: 4/11/95 407/843-8880
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Telephone #