


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

G15848 1. Entity Name BETHSAIDA, INC.	
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Principal Place of Business 43 15 HAMILTON RD LAKELAND, FL 33811	Mailing Address 43 15 HAMILTON RD LAKELAND, FL 33811
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01062005

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

5. Name and Address of Current Registered Agent

FORTNER, W. RAY
 422 SOUTH FLORIDA AVE.
 LAKELAND, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RITCHEY, DAVID A.
STREET ADDRESS	4309 HAMILTON ROAD
CITY-ST-ZIP	LAKELAND, FL
TITLE	VS
NAME	RITCHEY, JULIA A.
STREET ADDRESS	4309 HAMILTON ROAD
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/17/05-80005-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 4-30-05 863644-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #