2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # 701814** 1. Entity Name 01-29-2004 90090 034 ****61.25 BETHEL BIBLE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1950 MICHIGAN AVENUE P.O. BOX 3147 1950 MICHIGAN AVENUE P.O. BOX 3147 COCOA FL 32924-0147 COCOA FL 32924-0147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-1098804 Not Applicable Zip \$8.75 Additional Country Zìp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, ANTHONY T. Street Address (P.O. Box Number is Not Acceptable) 1616 COCOA BAY BLVD. **COCOA FL 32926** Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITE Addition CLARK, Robert 2024 Cooper DRIVE PRICE, ANTHONY T. NAME NAME 1616 COCOA BAY BLVD. STREET ADDRESS STREET ADDRESS COCOA FL 32926 Cocoa FL 32926 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition KERLEY, WILLIAM NAME 4964 CORFU DR. STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GRANT, JOSEPH-NAME == NAME* 608 BREEZEWAY DR STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GRAVES, DAVID NAME NAME 2967 BARKWAY DR STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SAYLOR, JERRY NAME NAME 2482 DIANE DR. STREET ADDRESS STREET ADDRESS CECOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

Anthony T. PRICE

FILED