


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 701944					
1. Entity Name BELVEDERE BAPTIST CHURCH INC					
Principal Place of Business 301 CHERRY ROAD W PALM BEACH FL 33409 US		Mailing Address 301 CHERRY ROAD W PALM BEACH FL 33409			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0910343	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DALE, GLEN 1741 SAWGRASS CR. WEST PALM BEACH FL 33413			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title on application (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DALE, GLEN		NAME	U00000419143 02/14/06-80035-017 61.25	
STREET ADDRESS	1741 SAWGRASS CR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33413		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BOODRAM, KRIS MR		NAME		
STREET ADDRESS	12859 CITRUS GROVE BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CARRUTHERS, TANYA MISS		NAME		
STREET ADDRESS	569 CHERRY RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GRANT, MR. ALVIN		NAME		
STREET ADDRESS	507 HURON PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE: *Alvin Grant*

SIGNATURE: *Glen Dale* 2/1/06