


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/07)

| | | | | | |
|---|--|--|--|---|---|
| 4. FEI Number 59-0910343 | | | | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DALE, GLEN 1741 SAWGRASS CR. WEST PALM BEACH FL 33413 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | 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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required when not listing)

| | | | |
|---|--|------------------------------------|---|
| FILE NOW: FEE IS \$61.25 Due By: May 1, 2008 | 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"/> Addition | |
| NAME | DALE, GLEN | | NAME | | | | |
| 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"/> Addition | |
| NAME | JASPER, DAVID | | NAME | | | | |
| STREET ADDRESS | 609 ARDMORE STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | CITY-ST-ZIP | | | | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| 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"/> Addition | |
| NAME | CRANDALL, DON | | NAME | | | | |
| STREET ADDRESS | 6236 MADRAS CIR. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| 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"/> Addition | |
| 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 life empowered.

SIGNATURE: Glen Dale Date: 2-13-08 JB1-683-2636