

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90001 048 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 703226**

1. Entity Name  
**BETHEL MISSIONARY INDEPENDENT BAPTIST  
CHURCH, INC.**



Principal Place of Business  
**1127 DERBYSHIRE RD.  
HOLLY HILL, FL 32117-1813 US**

Mailing Address  
**1127 DERBYSHIRE RD.  
HOLLY HILL, FL 32117-1813 US**

**50061236**



05132005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1486534**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TRANSEAU, DAVID W  
110 15TH PLACE  
HOLLY HILL, FL 32117**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-5-05**

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TRANSEAU, DAVID W
STREET ADDRESS	110 15TH PLACE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	T
NAME	ANNICCHIARICO, PRISCILLA
STREET ADDRESS	614 ARROYA PARKWAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	ANDERSON, REBA M
STREET ADDRESS	203 S. ORCHARD #12A
CITY-ST-ZIP	ORMOND BEACH, FL 32117
TITLE	D
NAME	ANNICCHIARICO, MICHAEL SR
STREET ADDRESS	614 ARROYA PARKWAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	ERLANDSON, DAVID
STREET ADDRESS	353 CLIFLON AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	T
NAME	HILES, RON TRUSTEE
STREET ADDRESS	1503 MOBILE AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

  
PRESIDENT

**8-5-05 386-24-0177**

Date

Daytime Phone #