

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703226

FILED  
Sep 06, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1127 DERBYSHIRE RD.  
HOLLY HILL, FL 321171813 US

**New Principal Place of Business:**

**Current Mailing Address:**

1127 DERBYSHIRE RD.  
HOLLY HILL, FL 321171813 US

**New Mailing Address:**

**FEI Number:** 59-1486534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRANSEAU, DAVID W  
Address: 110 15TH PLACE  
City-St-Zip: HOLLY HILL, FL 32117

Title: T ( ) Delete  
Name: TRANSEAU, ANITA GIL  
Address: 110 15TH PLACE  
City-St-Zip: HOLLY HILL, FL 32117

Title: S ( ) Delete  
Name: ANDERSON, REBA M  
Address: 203 S. ORCHARD #12A  
City-St-Zip: ORMOND BEACH, FL 32117

Title: TR ( ) Delete  
Name: ANNICCHIARICO, MICHAEL SR  
Address: 614 ARROYA PARKWAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TR ( ) Delete  
Name: ANNICCHIARICO, PRISCILLA  
Address: 614 ARROYA PARKWAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: TRANSEAU, ANITA G  
Address: 110 15TH PLACE  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA G. TRANSEAU

T

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date