2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 703226

Entity Name: BETHEL MISSIONARY INDEPENDENT BAPTIST CHURCH, INC.

Current Principal Place of Business:

600 S. YONGE ST.
#16-A
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

110 15TH PLACE
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-1486534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 G	
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	(X) Delete
Name:	ANNICCHIARICO, MICHAEL SR	
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:	( ) 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 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: DAVID W. TRANSEAU PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date