2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 704528

1. Entity Name
BETHEL BAPTIST CHURCH OF LAKE WALES, FLORIDA, INC.

Principal Place of Business	Mailing Address
2143 HWY 60 W. PO BOX 1132 LAKE WALES, FL 33853	2143 HWY 60 W. PO BOX 1132 LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2371182
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AVIRETT, MARTHA
2500 FOREST DR.
LAKE WALES, FL 33853

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ARD, DONNA
STREET ADDRESS	218 WILLOW
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	AVIRETT, J T
STREET ADDRESS	OLIVE STREET,WOODLYN PK
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	PD
NAME	AVIRETT, MARTHA
STREET ADDRESS	2500 FOREST AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000433087
02/24/06 80002-001 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John T. Aviret John T. Aviret 2-11-06 863 676-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #