

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 704528																																											
1. Entity Name BETHEL BAPTIST CHURCH OF LAKE WALES, FLORIDA, INC.																																											
Principal Place of Business 2143 HWY 60 W. PO BOX 1132 LAKE WALES, FL 33853	Mailing Address 2143 HWY 60 W. PO BOX 1132 LAKE WALES, FL 33853																																										
DO NOT WRITE IN THIS SPACE		<div style="display: flex; justify-content: space-between;">01312007 No Chg-NPCR2E037 (4/06)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 59-2371182</td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2371182	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
4. FEI Number 59-2371182	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																										
5. Certificate of Status Desired <input type="checkbox"/> \$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.																																											
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div><div>DATE</div></div>																																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">VD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ARD, DONNA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">218 WILLOW</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">LAKE WALES, FL 33853</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">SD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">AVIRETT, J T</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">OLIVE STREET, WOODLYN PK</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">LAKE WALES, FL 33853</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">PD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">AVIRETT, MARTHA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">2500 FOREST AVENUE</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">LAKE WALES, FL 33853</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr></table>		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		<div style="text-align: right;">U00000619252 02/08/07-80063-010 70.00</div> DO NOT WRITE IN THIS SPACE	
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																																											
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: <u>Martha Avirett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-31-07</u> <small>Date</small>																																									
		<small>Daytime Phone #</small>																																									