

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704528

FILED
Feb 10, 2009
Secretary of State

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

Current Principal Place of Business:

2143 HWY 60 W.
PO BOX 1132
LAKE WALES, FL 33853

New Principal Place of Business:

2143 HWY 60 W.
LAKE WALES, FL 33853

Current Mailing Address:

2143 HWY 60 W.
PO BOX 1132
LAKE WALES, FL 33853

New Mailing Address:

2143 HWY 60 W.
PO BOX 1132
LAKE WALES, FL 33859

FEI Number: 59-2371182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AVIRETT, MARTHA
2500 FOREST DR.
LAKE WALES, FL 33853 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: VD () Delete
Name: ARD, DONNA
Address: 218 WILLOW
City-St-Zip: LAKE WALES, FL 33853

Title: SD () Delete
Name: AVIRETT, J T,
Address: OLIVE STREET, WOODLYN PK
City-St-Zip: LAKE WALES, FL 33853

Title: PD () Delete
Name: AVIRETT, MARTHA
Address: 2500 FOREST AVENUE
City-St-Zip: LAKE WALES, FL 33853

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:

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: J T AVIRETT

OFFI

02/10/2009

Electronic Signature of Signing Officer or Director

Date