

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 714339 1. Entity Name CREWSVILLE BETHEL BAPTIST CHURCH, INC.					
Principal Place of Business 8251 CREWSVILLE RD. ZOLFO SPRINGS, FL 33890-9728 US			Mailing Address 8251 CREWSVILLE RD. ZOLFO SPRINGS, FL 33890-9728 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		02272006 Chg-NP CR2E037 (11/05)		4. FEI Number 59-2116961	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKIPPER, CAROLYN 365 MOFFITT ROAD ZOLFO SPRINGS, FL 33890				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDRY, JACQUELINE 3367 CREWSVILLE RD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000481008 04/11/06-80015-011 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, KATHRYN 4268 PARNELL ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKIPPER, CAROLYN 365 MOFFITT ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, CAROL 5091 CREWSVILLE ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, MARTHA 5945 CREWSVILLE ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROVICH, ALICE 8915 N. HAMMOCK ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <i>Carolyn Skipper</i> Carolyn Skipper 3/16/06 (863) 735-0994 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					