


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90048 029 ****61.25

DOCUMENT # 716648

1. Entity Name
 BETHEL BAPTIST CHURCH OF FORT PIERCE, FLORIDA, INC.



Principal Place of Business
 2750 MCNEIL ROAD
 FT. PIERCE, FL 34981 US

Mailing Address
 2750 MCNEIL ROAD
 FT. PIERCE, FL 34981



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01102004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1632516

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JERRY W
 399 BRIDLEWOOD WAY
 FORT PIERCE, FL 34945

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERRY, DAYLE	
STREET ADDRESS	1833 SANDRIDGE ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY W	
STREET ADDRESS	399 BRIDLEWOOD WAY	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, GORDON -	
STREET ADDRESS	261 SUNRISE DR	
CITY-ST-ZIP	FT. PIERCE, FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE W.	
STREET ADDRESS	1828 COPEN HAVER RD.	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, RICKY	
STREET ADDRESS	3874 S.W. KOBA ST	
CITY-ST-ZIP	PORT ST. LUCIE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKER, ROBERT	
STREET ADDRESS	2990 DAME ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34981	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN KENNETH R.	
STREET ADDRESS	2750 MCNEIL ROAD	
CITY-ST-ZIP	FT. PIERCE, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sealingar, Barbara S.	
STREET ADDRESS	2905 Grove Dr	
CITY-ST-ZIP	Fort Pierce, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry W. Davis Date: 2/2/04 Daytime Phone #: 772-201-5583