

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90090 031 ****70.00

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.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1632516	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 Parent, James Street Address (P.O. Box Number is Not Acceptable) 2803 Grove Drive City Fort Pierce FL 34981	
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 <u>James Parent</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>				DATE 4/12/2005	
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, KENNETH R 2750 MCNEIL RD. FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman, Kenneth R. 212 Rosewood Drive Fort Pierce, FL. 34947
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, JERRY W 399 BRIDLEWOOD WAY FT. PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Jerry W. 399 Bridlewood Way, Ft. Pierce, FL 34945
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, GORDON 261 SUNRISE DR FT. PIERCE, FL 34945	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Parent, James 2803 Grove Drive, Ft Pierce, FL 34981
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GEORGE W. 1828 COPEN HAVER RD. FT. PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Smith, George C. 1828 Copenhaver Road Fort Pierce, FL 34947
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEALINGAR, BARBARA S 2905 GROVS DR. FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Seelinger, Barbara S 2905 Grove Drive Fort Pierce, FL 34981
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKER, ROBERT 2990 DAME ROAD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ecker, Robert 2990 Dame Road Fort Pierce, FL 34981
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James Parent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/12/2005 772 216-6399 <small>Date Daytime Phone #</small>	