

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716648

FILED
Apr 17, 2009
Secretary of State

Entity Name: BETHEL BAPTIST CHRUCH OF FORT PIERCE, FLORIDA, INC.

Current Principal Place of Business:

2750 MCNEIL ROAD
FT. PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

2750 MCNEIL ROAD
FT. PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 59-1632516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKER, ROBERT E SR
2990 DAME RD
FORT PIERCE, FL 34981 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: PD () Delete
Name: NORMAN, KENNETH R
Address: 212 ROSEWOOD DR
City-St-Zip: FORT PIERCE, FL 34947

Title: T () Delete
Name: CLAY, THOMAS L
Address: 2513 CHESTERFIELD DR
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: SMITH, GEORGE W.
Address: 1828 COPENHAVER RD
City-St-Zip: FORT PIERCE, FL 34947

Title: S () Delete
Name: SEELINGER, BARBARA S
Address: 2905 GROVE DR
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: ECKER, ROBERT
Address: 2990 DAME ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CLAY, THOMAS L
Address: 4215 GARROSON LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SALLETTE, ROBERT
Address: 3052 MCNEIL ROAD
City-St-Zip: FORT PIERCE, FL 34981

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: BARBARA S. SEELINGER

S

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date