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:			New Principal Place of Business:		
2750 MCNE FT. PIERCE		US			
Current Mailing Address:			New Mailing Address:		
2750 MCNEIL ROAD FT. PIERCE, FL 34981 US					
FEI Number: 59-1632516 FEI Number Applied For () FEI Number			nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ECKER, ROBERT E SR 2990 DAME RD FORT PIERCE, FL 34981 US					
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: ADDITIONS/G				S/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () D NORMAN, KENNE 212 ROSEWOOD FORT PIERCE, F	DR	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	T () D CLAY, THOMAS L 2513 CHESTERF FORT PIERCE, F	IELD DR	Title: Name: Address: City-St-Zip:	CLAY, THOM 4215 GARRO	
Title: Name: Address: City-St-Zip:	T () D SMITH, GEORGE 1828 COPENHAV FORT PIERCE, F	ER RD	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	S () D SEELINGER, BAF 2905 GROVE DR FORT PIERCE, F	RBARA S	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	D () D ECKER, ROBERT 2990 DAME ROAI FORT PIERCE, F	0	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	SALLETTE, I 3052 MCNEI	

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