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FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729928 (2)  
1. Corporation Name  
BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC.



Principal Place of Business Mailing Address  
1447 OSCEOLA HOLLOW RAD ODESSA FL 33556  
1447 OSCEOLA HOLLOW RAD ODESSA FL 33556-3826

3. Date Incorporated or Qualified 06/13/1974  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2397719	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

BOONE, (JAMES H.)  
1447 OSCEOLA HOLLOW RD  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	HAND, MARTIN	
STREET ADDRESS	301 1ST AVE., SE	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	CANNELLA, T B	
STREET ADDRESS	3809 HOLLOW OAK PL	
CITY-ST-ZIP	LAND LAKES FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	COUGHLIN, MICHAEL	
STREET ADDRESS	516 DIANE DR	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	PD	DELETE <input type="checkbox"/>
NAME	BOONE, JAMES H	
STREET ADDRESS	1447 OSCEOLA HOLLOW RD	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ERB, PAT A	
STREET ADDRESS	15501 N HIMES	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	JODY WEEKS	
1.3 STREET ADDRESS	3493 CARROLLTON PLACE	
1.4 CITY-ST-ZIP	ODESSA FL 33556	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES H. BOONE D/O 4/14/97 (013) 970-9358

CR2E037 (9/96)