


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729928</b>	
1. Entity Name <b>BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC.</b>	

Principal Place of Business <b>524 RIVERSIDE DR TARPON SPRINGS FL 34689</b>	Mailing Address <b>524 RIVERSIDE DR TARPON SPRINGS FL 34689</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2397719</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BOONE, JAMES H 524 RIVERSIDE DR TARPON SPRINGS FL 34689</b>
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>WEEKS, JODY</b>
STREET ADDRESS	<b>3493 CARROLTON PLACE</b>
CITY-ST-ZIP	<b>ODESSA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CANNELLA, T B</b>
STREET ADDRESS	<b>3809 HOLLOW OAK PL</b>
CITY-ST-ZIP	<b>LAND LAKES FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>COUGHLIN, MICHAEL</b>
STREET ADDRESS	<b>516 DIANE DR</b>
CITY-ST-ZIP	<b>SPRINGHILL FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BOONE, JAMES H</b>
STREET ADDRESS	<b>524 RIVERSIDE DR</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689-2431</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SHIRLEY, DAVID</b>
STREET ADDRESS	<b>7300 BOX ELDER DR</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000263176</b>
STREET ADDRESS	<b>03/14/05-80084-020 61.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 	<b>JAMES H. BOONE</b>	<b>3-10-05</b>	<b>127-942-7724</b>
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