



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90008 020 ****70.00

| | | | | | |
|--|---|--|---|--|---|
| DOCUMENT # 729928 1. Entity Name BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC. | | | |  | |
| Principal Place of Business 524 RIVERSIDE DR TARPON SPRINGS, FL 34689 | | | Mailing Address 524 RIVERSIDE DR TARPON SPRINGS, FL 34689 | | |
| 2. Principal Place of Business 8500 N. SUE MARIE PT. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 1926 Suite, Apt. #, etc. | |  | |
| City & State CRYSTAL RIVER, FL. | | City & State CRYSTAL RIVER, FL. | | 4. FEI Number 59-2397719 | |
| Zip 34428 | | Country CITRUS | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOONE, JAMES H 524 RIVERSIDE DR TARPON SPRINGS, FL 34689 | | 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 applicable) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | D <input type="checkbox"/> Delete WEEKS, JODY 3493 CAROLTON PLACE ODESSA, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete CANNELLA, T B 3809 HOLLOW OAK PL LAND LAKES, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete COUGHLIN, MICHAEL 516 DIANE DR SPRINGHILL, FL | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD <input type="checkbox"/> Delete BOONE, JAMES H 524 RIVERSIDE DR TARPON SPRINGS, FL 346892431 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete SHIRLEY, DAVID 7300 BOX ELDER DR PORT RICHEY, FL 34668 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>James H Boone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>7/18/06</u> <small>Date</small> | | <u>352-563-2353</u> <small>Daytime Phone #</small> |