FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 731753 (0)

1. Corporation Name

BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9025 STAR TRAIL NEW PORT RICHEY FL 34654	9025 STAR TRAIL NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified: 01/29/1975
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2078825 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENTLEY, JONATHAN
5400 PALMETTO RD
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, JONATHAN	1.2 NAME		
STREET ADDRESS	5400 PALMETTO ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TEMPLETON, MARK	2.2 NAME		
STREET ADDRESS	8415 CHASCO WOODS BLVD APT B	2.3 STREET ADDRESS	5115 Muscleshell Drive	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	SD	3.1 TITLE	MD	☒ Change ☐ Addition
NAME	HUNDLEY, ROBERT	3.2 NAME	Ditamore, Kevin	
STREET ADDRESS	7575 NEBRASKA AVENUE	3.3 STREET ADDRESS	7407 Canvasback Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KEHOE, THOMAS	4.2 NAME		
STREET ADDRESS	10304 ARMADILLO COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: _____ 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007609