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Jan 29 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 # **731753** **(0)**

1. Corporation Name

BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.

Principal Place of Business	Mailing Address
9025 STAR TRAIL NEW PORT RICHEY FL 34654	9025 STAR TRAIL NEW PORT RICHEY FL 34654-2521

3. Date Incorporated or Qualified: 01/29/1975
3a. Date of Last Report: 01/31/1996

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

4. FEI Number: 59-2078825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Ohling, John
82 Street Address (P.O. Box Number is Not Acceptable): 17024 Akins Drive
83
84 City: Spring Hill, FL 85 Zip Code: 34610

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 _____ 1-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BENTLEY, JONATHAN		1.2 NAME	Ohling, John	
STREET ADDRESS	5400 PALMETTO ROAD		1.3 STREET ADDRESS	17024 Akins Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Spring Hill, FL	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TEMPLETON, MARK		2.2 NAME	Tiemeyer, Charles	
STREET ADDRESS	5115 MUSSELSHELL DR		2.3 STREET ADDRESS	14238 Spanish Wells Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	Hudson, FL	
TITLE	MD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DITAMORE, KEVIN		3.2 NAME		
STREET ADDRESS	7407 CANVASBACK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 _____ 1-16-97