

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732237

FILED
May 16, 2007
Secretary of State

Entity Name: BETHEL BAPTIST CHURCH & MINISTRIES, INC.

Current Principal Place of Business:

14 SIERRA RD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

14 SIERRA RD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-2935075 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMMONS, WILLIAM
97 KINGS RD
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RULEY, MARK
Address: 66 HONEYSUCKLE DR
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: GIBBS, JIM
Address: 1036 TALLAVANA DR
City-St-Zip: HAVANA, FL 32337

Title: T () Delete
Name: REINHARD, LARRY
Address: 80 BEAVER CREEK RD.
City-St-Zip: HAVANA, FL 32333

Title: VP () Delete
Name: AMMONS, WILLIAM
Address: 97 KINGS ROAD
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM AMMONS

VP

05/16/2007

Electronic Signature of Signing Officer or Director

Date