

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90066 031 ****61.25

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01082006 Chg-NP CR2E037 (11/05)

DOCUMENT # 733111 1. Entity Name BETHEL LUTHERAN CHURCH, INC.					
Principal Place of Business 3166 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761 US			Mailing Address 3166 MCMULLEN BOOTH ROAD CLEARWATER, FL 33761 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1608203	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAYHOFF, CHARLES S., III			Name		
CORNERSTONE CENTER			Street Address (P.O. Box Number is Not Acceptable)		
3830 TAMPA RD. SUITE 150					
PALM HARBOR, FL 34684			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOHN J JR		NAME	Lee Tieman	
STREET ADDRESS	1302 GULFVIEW WOODS LANE		STREET ADDRESS	1343 Eniswood Pkwy. Palm Harbor, FL	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	34683	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKANSRUD, HELEN		NAME		
STREET ADDRESS	1639 FIELDFARD CT.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEMAN, LEE		NAME	Dennis Williams	
STREET ADDRESS	1343 ENISWOOD PARKWAY		STREET ADDRESS	145 Lakeside Dr.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AY, ANDREA		NAME		
STREET ADDRESS	1161 LINDENWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Helen Rikansrud, Treasurer</u> <u>01-12-06</u> <u>727-136-5432</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					