


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 041 ****61.25

DOCUMENT # 733111 1. Entity Name BETHEL LUTHERAN CHURCH, INC.	
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Principal Place of Business 3166 McMULLEN BOOTH ROAD CLEARWATER, FL 33761 US	Mailing Address 3166 McMULLEN BOOTH ROAD CLEARWATER, FL 33761 US
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60003334



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 DAYHOFF, CHARLES S., III CORNERSTONE CENTER 3830 TAMPA RD. SUITE 150 PALM HARBOR, FL 34684
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IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEMAN, LEE 1343 ENISWOOD PKWY PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIKANSRUD, HELEN 1639 FIELDFARD CT. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, DENNIS 145 LAKESIDE DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AY, ANDREA 1161 LINDENWOOD DR. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Helen Rikansrud, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-07 727-133-6351
Date Daytime Phone #

Helen Rikansrud