


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 735639
 1. Entity Name
BETHEL MENNONITE CHURCH, INC.



Principal Place of Business Mailing Address
8461 FRUITVILLE RD **8461 FRUITVILLE RD**
SARASOTA, FL 34240 **SARASOTA, FL 34240**



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1662235 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
YODER, JONAS
5514 BAHIA VISTA ST
SARASOTA, FL 34232

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN0000419197
 02/14/06-80036-025 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, JONAS 5514 BAHIA VISTA ST SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MILLER, ADIN A. 2717 LYNNHURST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROYER, MARIE 3513 27TH PKWY SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Marie Troyer* **MARIE TROYER** 1/30/06 941-371-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #