

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 036 ****70.00

DOCUMENT # 735909 1. Entity Name BETHEL BAPTIST CHURCH, INC., OF OCALA, FLORIDA					
Principal Place of Business 4400 SW 145TH PLACE RD OCALA, FL 34473 US			Mailing Address 4400 SW 145TH PLACE RD OCALA, FL 34473 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1662447	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WODDLE, HERBERT L 140 MARION OAKS LANE OCALA, FL 34473				7. Name and Address of New Registered Agent Name ROBERT D. ROCKWELL Street Address (P.O. Box Number is Not Acceptable) 14314 SW 43rd COURT RD. City OCALA FL 34473	
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 ROBERT ROCKWELL TREAS. <i>Robert Rockwell</i> 1-25-04 <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, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	CPD THOMPSON, DELBERT T <input type="checkbox"/> Delete 14364 SW 45TH CIRCLE OCALA, FL 34473		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 MARION OAKS GOLF WAY OCALA FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WODDLE, HERBERT L <input checked="" type="checkbox"/> Delete 140 MARION OAKS LANE OCALA, FL 34473		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT D. ROCKWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14314 SW 43rd COURT RD. OCALA FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST HAUSER, BETTY <input checked="" type="checkbox"/> Delete 14883 SW 35TH CIRCLE OCALA, FL 34473		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BERTHA WASHINGTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 402 MARION OAKS LN. OCALA FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JOSEPH, KELVIN <input type="checkbox"/> Delete 14476 SW 43RD COURT RD OCALA, FL 34473		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <i>Delbert T Thompson</i> DELBERT THOMPSON 1/25/04 352 347-0888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					