2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# 735909

Entity Name: BETHEL BAPTIST CHURCH, INC., OF OCALA, FLORIDA

Current Principal Place of Business:

4400 SW 145TH PLACE RD
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

4400 SW 145TH PLACE RD
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-1662447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROCKWELL, ROBERT
14314 SW 43RD CT. RD
OCALA, FL 34473 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: CPD ( ) Delete
Name: THOMPSON, DELBERT T
Address: 259 MARION OAKS GOLF WAY
City-St-Zip: OCALA, FL 34473

Title: T ( ) Delete
Name: ROCKWELL, ROBERT D
Address: 14314 SW 43RD CT. RD
City-St-Zip: OCALA, FL 34473

Title: FS ( ) Delete
Name: WASHINGTON, BERTHA
Address: 402 MARION OAKS LANE
City-St-Zip: OCALA, FL 34473

Title: TT ( ) Delete
Name: JOSEPH, KELVIN
Address: 14476 SW 43RD COURT RD
City-St-Zip: OCALA, FL 34473

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 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 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: DELBERT T. THOMPSON CPD 03/02/2005

Electronic Signature of Signing Officer or Director — Date