


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90003 006 ****61.25

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



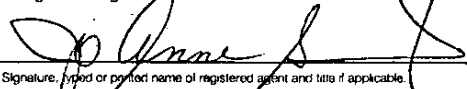
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/06)

4. FEI Number 59-1662447		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROCKWELL, ROBERT 14314 SW 43RD CT. RD OCALA FL 34473		7. Name and Address of New Registered Agent Name Jeffrey Smith Street Address (P.O. Box Number is Not Acceptable) 14767 SW 41st Ave Rd City Ocala FL 34473	
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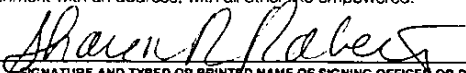
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **08/27/06**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 6, 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
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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 259 MARION OAKS GOLF WAY 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	T ROCKWELL, ROBERT D <input checked="" type="checkbox"/> Delete 14314 SW 43RD CT. RD OCALA FL 34473	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roberts, Sharon R. 15159 SW 3TH Denac Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS WASHINGTON, BERTHA <input type="checkbox"/> Delete 402 MARION OAKS LANE 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	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 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:  DATE **08/27/06** **352-553-7307**