


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # 749308	
1. Entity Name BETHEL MISSIONARY BAPTIST CHURCH OF LAKE ALFRED, INC.	

Principal Place of Business 640 MIDWAY AVE. LAKE ALFRED, FL 33850	Mailing Address P.O. BOX 933 LAKE ALFRED, FL 33850
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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

**KING, LAVERAL E
515 LEMON AVENUE
LAKE ALFRED, FL 33850**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$81.25 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	P WILLIAMS, GEORGE REV 822 FRENCH ST. FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKEY, CHARLIE J DEACON 8211 POLIC CITY ROAD HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD, EULINE 640 N LAKE SWOOPE LAKE ALFREDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, LAVERAL DEACON 515 LEMON AVE LAKE ALFRED, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAITY, JOHN H DEACON 530 LAKE SWOOPE DR. LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAITY, JOHN H 530 LAKE SQOOPE DR LAKE ALFRED, FL

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02/28/07-80043-006 61.25

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: LaVerall King **LAVERAL KING** 2/14/07 863 3183335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #