

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2006  
Secretary of State**

DOCUMENT# 752975

**Entity Name:** BETHEL BAPTIST CHURCH, INDEPENDENT, OF RIVERVIEW, FLORIDA, INC.

**Current Principal Place of Business:**

12846 BALM RIVERVIEW RD  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

12846 BALM RIVERVIEW RD  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-2019704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALONSO, MIKE  
11817 CR 39 SOUTH # 2  
LITHIA, FL 33547 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: P ( ) Delete  
Name: SHAVERS, THOMAS E  
Address: 12846 BALM RIVERVIEW ROAD  
City-St-Zip: RIVERVIEW, FL 33569

Title: V ( ) Delete  
Name: NEWMAN, JEFF  
Address: 1009 MYRTLE ROAD  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: JENKINS, LEON  
Address: 13102 MYKELL COURT  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHAVERS, THOMAS E  
Address: 13516 MANGO BAY DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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 Chapter 119, 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: THOMAS E. SHAVERS

P

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date