


*** 2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 756716	
1. Entity Name BETHEL COMMUNITY CHURCH, INC.	

Principal Place of Business 5632 GANTT ROAD SARASOTA, FL 34233	Mailing Address 5632 GANTT ROAD SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-NP CR2E037 (10/03)

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	

8. Name and Address of Current Registered Agent

CAMPA, LARRY
13797 N BRANCH RD
SARASOTA, FL 34240

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000091729
03/18/04-80021-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEAN, PAUL M.
STREET ADDRESS	301 EAGLENOOK WAY
CITY-ST-ZIP	OSPREY, FL
TITLE	D
NAME	MCQUAY, EARL
STREET ADDRESS	4337 MARCOTT CIRCLE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	CAMPA, LARRY L.
STREET ADDRESS	13797 N. BRANCH RD.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Larry L. Campa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

941 922-4854

Date

Daytime Phone #