2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 07, 2005 08:00 AM DOCUMENT # 756716 1. Entity Name **Secretary of State** BETHEL COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 5632 GANTT ROAD 5632 GANTT ROAD SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPA, LARRY Street Address (P.O. Box Number is Not Acceptable) 13797 N BRANCH RD SARASOTA FL 34240 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signalure required when reinstation) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TilliF ☐ Delete HILE ☐ Change Arailla 🔲 Arailla DEAN, PAUL M. NAME NAME U00000255020 301 EAGLENOOK WAY STREET ADORESS STREET ADDRESS 03/07/05-80097-009 61.25 CITY-ST-ZIP OSPREY FL City-St ZIP THILE ☐ Delete THE ☐ Change Achilia MCQUAY, EARL HAME NAME 4337 MARCOTT CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-SI-ZIP CHY-ST-7P BILLE ☐ Delete HILL ☐ Change Antilia CAMPA, LARRY L. NAME MANE 13797 N. BRANCH RD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY - ST - ZIP CHY-SI-ZP ☐ **A.**!::::: ?11(E ☐ Defete MILE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-7/P IIILE ☐ Delete ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CLTY-ST-ZIP mur ☐ Delete Dist ☐ Change Addilia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

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