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

SIGNATURE:

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # 756716** 1. Entity Name 04-05-2006 90157 048 ****61.25 BETHEL COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 5632 GANTT ROAD SARASOTA FL 34233 5632 GANTT ROAD SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Country Zip 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 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☑ Delete Change Change Addition RUSS ATMORE 2547 W. Scarlet OAK Ct. DEAN, PAUL M. NAME NAME STREET ADDRESS 301 EAGLENOOK WAY STREET ADDRESS CILY-ST-ZIP OSPREY FL CITY-ST-7/P SARASOTA FL 34232 ппе X Delete TITLE Change Ch ☐ Addition MCQUAY, EARL NAME NAME JIM HARSHAW STREET ADDRESS 4337 MARCOTT CIRCLE 5132 TREESDALE Ct. STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMPA, LARRY L. NAME STREET ADDRESS 13797 N. BRANCH RD. STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETT F ☐ Delete TIFLE - 🔲 Change ■ Addition 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 exemptions contained in Section 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 applied like empowered.

FILED

3/30/06