


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 758358
 1. Entity Name
THE BETHEL BAPTIST CHURCH OF GREENFIELD, INC.



Principal Place of Business 18935 MICHIGAN LANE SPRING HILL, FL 34610 US	Mailing Address 18935 MICHIGAN LANE SPRINGHILL, FL 34610 US
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DO NOT WRITE IN THIS SPACE



05172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2358434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOCHER, ROBERT
 18917 SHETTLE ROAD
 LAND O LAKES, FL 34639

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000161497
 05/26/04-80001-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COX, WILLARD 18935 MICHIGAN LANE SPRINGHILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCHER, ROBERT 18935 MICHIGAN LANE SPRINGHILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCMULLEN, CARL 18935 MICHIGAN LANE SPRINGHILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert G. Blocher **5-01-04** **813-996-6777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #