

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001658

FILED
Feb 04, 2009
Secretary of State

Entity Name: BETHESDA MINISTRIES, INC.

Current Principal Place of Business:

15475 GLENEAGLE DR
COLORADO SPRINGS, CO 80921

New Principal Place of Business:

Current Mailing Address:

15475 GLENEAGLE DR
COLORADO SPRINGS, CO 80921

New Mailing Address:

FEI Number: 84-1087689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DC () Delete
Name: RASIC, DANA
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: CEO () Delete
Name: RASIC, DANA
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: DS () Delete
Name: VAGLE, DAN
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: DV () Delete
Name: MORGAN, DON
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: DV () Delete
Name: ARENT, LYLE
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: DV () Delete
Name: TURNER, DALE
Address: 15475 GLENEAGLE DR
City-St-Zip: COLORADO SPRINGS, CO 80921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DANIEL C. VAGLE

DS

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date