

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

DOCUMENT# N01000005968

**FILED**  
**Feb 26, 2004**  
**Secretary of State****Entity Name:** BETHESDA WORD OF FAITH CHURCH, INC.**Current Principal Place of Business:**1963 12TH STREET  
SARASOTA, FL 34236**New Principal Place of Business:****Current Mailing Address:**PO BOX 923  
SARASOTA, FL 34230**New Mailing Address:****FEI Number:** 02-0591792**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVIS, JOHN  
1963 12TH STREET  
SARASOTA, FL 34236**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:** D ( ) Delete  
**Name:** DAVIS, JOHN  
**Address:** 1963 12TH STREET  
**City-St-Zip:** SARASOTA, FL 34236**Title:** D ( ) Delete  
**Name:** MITCHELL, FREDDIE  
**Address:** 6145 N. TUTTLE AVENUE  
**City-St-Zip:** SARASOTA, FL 34243**Title:** D ( ) Delete  
**Name:** JAMES, CALVIN  
**Address:** 1811 CON RAD AVE  
**City-St-Zip:** SARASOTA, FL 34234**Title:** D ( ) Delete  
**Name:** JAMES, TWYLA  
**Address:** 1811 CONRAD AVE  
**City-St-Zip:** SARASOTA, FL 34234**Title:** D ( ) Delete  
**Name:** DEENER, PRISCILLA  
**Address:** 2805 GOODRICH AV  
**City-St-Zip:** SARASOTA, FL 34234**Title:** S ( ) Delete  
**Name:** MARY ANN, PETE  
**Address:** 3209 JOB LOUIS DR  
**City-St-Zip:** SARASOTA, FL 34234**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:** S (X) Change ( ) Addition  
**Name:** PETE, MARY A  
**Address:** 3209 JOE LOUIS DR  
**City-St-Zip:** SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** JOHN DAVIS

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02/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date