

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 008 ****70.00

DOCUMENT # N01000005968 1. Entity Name BETHESDA WORD OF FAITH CHURCH, INC.					
Principal Place of Business 1963 12TH STREET SARASOTA, FL 34236				Mailing Address PO BOX 923 SARASOTA, FL 34230	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 02-0591792				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, JOHN 5681 BENTGRASS DR SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name PETER GREENIDGE Street Address (P.O. Box Number is Not Acceptable) 4959 CEDAR OAK WAY City SARASOTA FL Zip Code 34233		
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOHN 5681 BENTGRASS DR SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 PETER Greenidge 4959 CEDAR OAK WAY SARASOTA, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, FREDDIE 7692 ALICIA LN SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 SHELL, Freddie Eddie 1840 Warrington SARASOTA, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CALVIN 1811 CONRAD AVE SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 HENRY Colley 3063 38th St Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, TWYLA 1811 CONRAD AVE SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEENER, PRISCILLA 2805 GOODRICH AV SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETE, MARY A 3209 JOE LOUIS DR SARASOTA, FL 34234 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Peter Greenidge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					