

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 020 ****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

40073617



2. Principal Place of Business - No P.O. Box #
3650 17TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007

Chg-NP

CR2E037 (12/06)

City & State

SARASOTA FL

City & State

4. FEI Number

02-0591792

Applied For

Not Applicable

Zip

34235

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENIDYE, PETER
4954 CEDAR OAK WAY
SARASOTA, FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ C ☐ Delete
NAME **GREENIFYE, PETER**
STREET ADDRESS **4959 CEDAR OAK WAY**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE ☒ D ☐ Delete
NAME **MITCHELL, FREDDIE**
STREET ADDRESS **7692 ALICIA LN**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ D ☐ Delete
NAME **JAMES, CALVIN**
STREET ADDRESS **1811 CONRAD AVE**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ D ☐ Delete
NAME **JAMES, TWYLA**
STREET ADDRESS **1811 CONRAD AVE**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ D ☐ Delete
NAME **DEENER, PRISCILLA**
STREET ADDRESS **2805 GOODRICH AV**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☒ S ☐ Delete
NAME **PETE, MARY A**
STREET ADDRESS **3209 JOE LOUIS DR**
CITY-ST-ZIP **SARASOTA, FL 34234**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **HENRY COKLEY**
STREET ADDRESS **2063 28TH STREET**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☒ Addition
NAME **CATHRYN A. HARPER**
STREET ADDRESS **2777 PALM LAKE DR.**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☒ Addition
NAME **SHELLI FREELAND GODE**
STREET ADDRESS **3119 HEATHERWOOD LANE**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Peter Greenidge **PETER GREENIDGE** **4-19-07** **941-364-9750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #