

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90220 004 ****70.00

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

DOCUMENT # N02000002599			
1. Entity Name MARY OF BETHANY CHURCH, INC.			
Principal Place of Business 4050 WEST STATE ROAD 46 SANFORD, FL 32771		Mailing Address 165 MILL RUN DRIVE LAKE MARY, FL 32746	
2. Principal Place of Business 165 MILL RUN DR		3. Mailing Address 165 MILL RUN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Mary FL		City & State Lake Mary FL	
Zip 32746		Country	
Zip 32746		Country	
4. FEI Number 02-0582252		Applied For Not Applicable	
5. Certificate of Status Desired		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEND, RICKY M 165 MILL RUN DR. LAKE MARY, FL 32746		7. Name and Address of New Registered Agent 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)			
Filing Fee is \$81.25 Due by May 1, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEND, RICKY H 4050 WEST STATE ROAD 46 SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FRIEND, SHELLY A 4050 WEST STATE ROAD 46 SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JOETTA 104 BRIERWOOD DR. SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____		5-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	