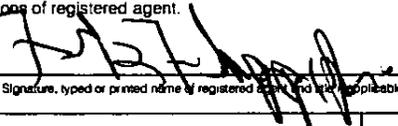
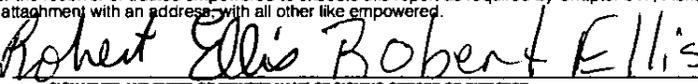


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 002 \*\*\*\*75.00

<b>DOCUMENT # N02000009221</b>					
1. Entity Name SIMMON GROVE BETHELITE BAPTIST CHURCH, INC.					
Principal Place of Business 17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640			Mailing Address 17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLAGG, FRANK 2826 N.E. 11TH DR. GAINESVILLE, FL 32609			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 		FRANK FLAGG SR.		DATE 4/4/07	
Signature, typed or printed name of registered agent, and not applicable.		(NOTE: Registered Agent signature required when registering)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, ROBERT	NAME			
STREET ADDRESS	1625 N.E. 28TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, FRANK	NAME			
STREET ADDRESS	P.O. BOX 179	STREET ADDRESS			
CITY-ST-ZIP	HAMPTON, FL 32044	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, RICHARD REV	NAME			
STREET ADDRESS	P.O. BOX 821	STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN, FL 32666	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, JAMES	NAME			
STREET ADDRESS	1203 SE 19TH TERR	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32641	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAGG, FRANK	NAME			
STREET ADDRESS	2826 NE 11TH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32641	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLIS, ROBERT REV	NAME			
STREET ADDRESS	6303 NE 61ST STREET	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609	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 		ROBERT ELLIS		DATE 4/4/07 (352) 377-9732	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	