2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # N02000009531 1. Entity Name 04-05-2004 90386 045 ****61.25 BETHEL BAPTIST CHURCH OF NEW PORT RICHEY, INC. Principal Place of Business Mailing Address 9847 STATE RD. 54 NEW PORT RICHEY FL 34655 9847 STATE RD. 54 NEW PORT RICHEY FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 02-0540786 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAVITZ, DAVID ss (P.O. Box Number is Not Acceptable) 7 State Rd 54 9851 STATE RD. 54 **NEW PORT RICHEY FL 34655** New Port Riche 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Vice PRESIDENT ☐ Change TITLE Delete TITLE Michael VANderqriff 7419 Richland ST. COX, DAVID NAME NAME 5445 SHELL RD. STREET ADDRESS STREET ADDRESS Wesley Chapel, FL 33544 LAND O LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP SD Secretary on 5D BRIAN Francisco Delete Change Addition TITLE WEISS, WALTER NAME 3704 LIGHTHOUSE WAY 3624 MORIEY A. STREET ADDRESS STREET ADDRESS HOLIDAY FL 34691 Nour Port Richers, A 34652 CITY-ST-ZIP CITY-ST-ZIP PD Delete TITLE - Change Addition KRANTZ; DAVID-NAME: NAME 9847 STATE ROAD 54 STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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Daytime Phone #