2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009531

FILED Apr 10, 2006 Secretary of State

Entity Name: BETHEL BAPTIST CHURCH OF NEW PORT RICHEY, INC.

Current Principal Place of Business: New Principal Place of Business:

9847 STATE RD. 54

NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

9847 STATE RD. 54

NEW PORT RICHEY, FL 34655

FEI Number: 02-0540786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAVITZ, DAVID 9847 SR 54

NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 NEWELL, TIMOTHY
 Name:
 LIVINGSTON, GREGORY T

 Address:
 24440 LANDING DR.
 Address:
 2829 MINGO DRIVE

 City-St-Zip:
 LITZ FL 33559
 LAND OLAKES FL 34638

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LAND O LAKES, FL 34638

Title: V () Delete Title: VC (X) Change () Addition Name: VANDERGRIFF, MICHAEL Name: BAUMANN, TERRY Address: 7419 RICHLAND ST. Address: 7214 BROMLEY DRIVE

Address: 7419 RICHLAND ST. Address: 7214 BROWLEY DRIVE

City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete Title: () Change () Addition

 Name:
 KRAVITZ, DAVID
 Name:

 Address:
 9847 STATE ROAD 54
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:

Title: SD () Delete Title: S (X) Change () Addition

 Name:
 FRANCISCO, BRIAN
 Name:
 LARRIMORE, BEN

 Address:
 3624 MORLEY DR.
 Address:
 3225 TOWN AVENUE

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY T LIVINGSTON T 04/10/2006