

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N02000009531

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

Current Principal Place of Business:

9847 STATE RD. 54
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

9847 STATE RD. 54
NEW PORT RICHEY, FL 34655

New Mailing Address:

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

Name and Address of Current Registered Agent:

KRAVITZ, DAVID
9847 SR 54
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: LIVINGSTON, GREGORY T
Address: 2829 MINGO DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: VC () Delete
Name: BAUMANN, TERRY
Address: 2550 STAG RUN BLVD. #314
City-St-Zip: CLEARWATER, FL 33765

Title: PD () Delete
Name: KRAVITZ, DAVID
Address: 9847 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: LARRIMORE, BEN
Address: 3225 TOWN AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 THOMAS LIVINGSTON

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date