

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90042 050 ****61.25

DOCUMENT # N02000009670

1. Entity Name

BETHEL MENNONITE CHURCH BLOUNTSTOWN, INC.



Principal Place of Business

19359 SR 71N
BLOUNTSTOWN FL 32424

Mailing Address

19359 SR 71N
BLOUNTSTOWN FL 32424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

27-0046590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, PAUL
19191 N.E. OAK HILL DR.
BLOUNTSTOWN FL 32424

Name

MERVIN DALE MYERS

Street Address (P.O. Box Number is Not Acceptable)

13755 SW MYERS DAIRY ROAD

City

BLOUNTSTOWN

FL

Zip Code

32424

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)

3/1/04
DATE

FILE NOW: FEE IS \$61.25
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	D YODER, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	6665 BRADLEY RD. GRAND RIDGE FL 32442	
TITLE NAME	D SMITH, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	19191 NE OAK HILL DR. BLOUNTSTOWN FL 32424	
TITLE NAME	D GINGERICH, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	16852 NW 12TH ST. BLOUNTSTOWN FL 32424	
TITLE NAME	D SUMMERS, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	HWY 20. EAST BRISTOL FL 32321	
TITLE NAME	D HOLCOMB, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	P.O. BOX 561 BRISTOL FL 32321	
TITLE NAME	D MYERS, MERVIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	13755 SW MYERS DAIRY ROAD BLOUNTSTOWN FL 32424	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

850-674-5747

Daytime Phone #