

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009670

FILED
Jan 16, 2006
Secretary of State

Entity Name: BETHEL MENNONITE CHURCH BLOUNTSTOWN, INC.

Current Principal Place of Business:

19359 SR 71N
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

19359 SR 71N
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 27-0046590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALE MYERS, MERVIN
13855 SW MYERS DAIRY RD
BLOUNTSTOWN, FL 32424 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: D () Delete
Name: YODER, KEVIN
Address: 6665 BRADLEY RD.
City-St-Zip: GRAND RIDGE, FL 32442

Title: D () Delete
Name: SMITH, PAUL
Address: 17574 SR 20W
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: GINGERICH, DOUG
Address: 16852 NW 21ST ST.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: PEDDIE, KEVIN
Address: 10830 NW PEDDIE RD.
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: MYERS, MERVIN
Address: 13855 SW MYERS DAIRY ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: EBERLY, DOYLE
Address: 16297 NW MOCKINGBIRD HILL
City-St-Zip: BLOUNTSTOWN, FL 32424

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
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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 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: PAUL SMITH

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date