2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002050

Name:

Address:

City-St-Zip:

6267 SARDINIA AVE

SPRING HILL, FL 34608

Apr 29, 2005 Secretary of State

Entity Name: BETHESDA INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2221 COACHMAN RD SPRING HILL, FL 34608 **Current Mailing Address: New Mailing Address:** 2221 COACHMAN RD SPRING HILL, FL 34608 FEI Number: 92-0193451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BACCHI, NICHOLAS BACCHI, NICHOLAS 6267 SARDINIA AVE 2053 MAXAMILLIAN DR SPRING HILL, FL US SPRING HIL, FL, FL 34609 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: NICHOLAS BACCHI 04/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete O'DONNELL, MARTIN A Name: Name: 2221 COACHMAN RD Address: Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: Title: DS () Delete Title: () Change () Addition O'DONNELL, SHARON L Name: Name: Address: 2221 COACHMAN RD Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition BACCHI, NICHOLAS

Title: DT () Delete Title: DT (X) Change () Addition Name: BACCHI, GRACE Name: BACCHI, GRACE Address: 6267 SARDINIA AVE Address: 2053 MAXAMILLIAN DR City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

BACCHI, NICHOLAS

2053 MAXAMILLIAN DR

SPRING HILL, FL 34609

SIGNATURE: MARTIN A ODONNELL DP 04/29/2005