2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002397

1. Entity Name
BETHEL INTERNATIONAL WORSHIP CENTER, INC.

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90297 046 ****61.25

					14.5							
Principal Place of Business 227 EMERSON DR. NW PALM BAY, FL 32907 US			Mailing Address P.O. BOX 60992 PALM BAY, FL 32906-0992			14011655						
B 000-00-400	Nana at Dunio		La Marie	A d								
2. Principal Place of Business			3. Mailing Address				1 10211101 011 00101	i iitii ee iti eeiii fei	63 65 5	15 <u> </u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122005 CI	ng-NP	CR2E03	7 (10/03)		
City & State			City & State				4. FEI Number 76-072745	3	-	— 	plied For t Applicable	
Zip		Country	Zip	Zip Cou			5. Certificate of St	atus Desired		8.75 Add ee Required	litional d	
	6. Name	and Address of Current	Registere	d Agent			7. Name and Add	ress of New R	egistered A	gent		
COLEMANMCCREARY, BARBARA REV						Name						
227 EMERSON DR. NW PALM BAY, FL 32907					Street /	Street Address (P.O. Box Number is Not Acceptable)						
					City	·····			FL	Zip Code	э	
9. The shows	nomed estit		, the auree	es of phonoine its to	pointaged office a		ad agent or both in	the State of Ele		amiliar with	and passed	
B. 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 requised when reinstating) DATE												
Signature, typed or printed name of registered agent and title it applicable (NOTE; Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 9. Due by May 1, 2005				,	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 DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	PD			☐ Delete	TITLE	80				Change Change	☐ Addition	
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TITLE	TD			☐ Defete	TITLE	1770	DOUT NE	771		☐ Change	Addition	
NAME	MCCLARY, MELANIE				NAME							
STREET ADDRESS CITY-ST-ZIP	ESS 11486 N.W. 44TH ST. CORAL SPRINGS, FL 33065				STREET ADDRESS CITY-ST-ZIP							
TITLE	-SD	FRINGS, FL 33003		Delete	TITLE	├	 		· · · · · · · · · · · · · · · · · · ·	[] Change	☐ Addition	
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STREET ADDRESS	2109 HELEN ST				STREET ADORESS						İ	
CITY-ST-ZIP	MELBOU	RNE; PL 32901			CITY-ST-ZIP	<u> </u>						
TITLE				Delete	TITLE					☐ Change	☐ Addition	
NAME					NAME Proces address							
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NAME STREET ADDRESS	1				NAME STREET ADDRESS						Ì	
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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: Sw. Barbara Cofercar McCrary - BARBARA Coferce McCrary 4/80/08-321-412-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

Dayline Phone #