



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 039 ****61.25

DOCUMENT # N03000002397					
1. Entity Name BETHEL INTERNATIONAL WORSHIP CENTER, INC.					
Principal Place of Business 227 EMERSON DR. NW PALM BAY, FL 32907 US			Mailing Address P.O. BOX 60992 PALM BAY, FL 32906-0992		
2. Principal Place of Business 5315 Marta Dr. Suite, Apt. #, etc. Tampa, FL		3. Mailing Address P.O. Box 5627 Suite, Apt. #, etc. Clearwater, FL			
City & State Tampa, FL		City & State Clearwater, FL		4. FEI Number 76-0727453	
Zip 33617		Country US		Applied For Not Applicable	
Zip 33758		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN MCCREARY, BARBARA REV 227 EMERSON DR. NW PALM BAY, FL 32907 5315 Marta Dr. Tampa, FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME COLEMAN MCCREARY, BARBARA REV STREET ADDRESS 227 EMERSON DR. N.W. CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5315 Marta Dr. Tampa, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MCCLARY, MELANIE STREET ADDRESS 11486 N.W. 44TH ST. CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3112 Ala Faya Bay Ln 102-A Orlando, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SNEAD, ETORIA STREET ADDRESS 300 LIVE OAK LANE CITY-ST-ZIP MELBOURNE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rev. Barbara Coleman McCreary, Barbara Coleman McCreary</i> , 5/23/06-813-729-2521					