

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002397

1. Entity Name
BETHEL INTERNATIONAL WORSHIP CENTER, INC.



Principal Place of Business
**5315 MARTA DR
TAMPA, FL 33617 US**

Mailing Address
**PO BOX 5627
CLEARWATER, FL 33758**



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
76-0727453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLEMANMCCREARY, BARBARA REV
5315 MARTA DR
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000707410
04/24/07-80072-013 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN MCCREARY, BARBARA REV
STREET ADDRESS 5315 MARTA DR
CITY-ST-ZIP TAMPA, FL 33617

TITLE TD
NAME MCCLARY, MELANIE
STREET ADDRESS 3112 ALA FAYA BAY LN SUITE 102-A
CITY-ST-ZIP ORLANDO, FL 32817

TITLE SD
NAME SNEAD, ETORIA
STREET ADDRESS 300 LIVE OAK LANE
CITY-ST-ZIP MELBOURNE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Coleman McCreary - Barbara Coleman McCreary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07
Date

813-507-8375
Daytime Phone #