


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 AM 11:02

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DOCUMENT # N03000002397	
1. Entity Name BETHEL INTERNATIONAL WORSHIP CENTER, INC.	

Principal Place of Business 5316 MARTA DR TAMPA, FL 33617-1185	Mailing Address PO BOX 5027 CLEARWATER, FL 33758
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2. Principal Place of Business - No P.O. Box # 4858 So. Conway Rd. Suite, Apt. #, etc. #60 City & State Orlando, FL Zip 32812 Country US	3. Mailing Address 4858 So. Conway Rd. Suite, Apt. #, etc. #60 City & State Orlando, FL Zip 32812 Country US
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08062009 REIN-NP	CR2E099 (1/07)
4. FEI Number 76-0727453	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN MCCREARY, BARBARA REV 5316 MARTA DR TAMPA, FL 33617 4858 So. Conway Rd. Suite 60 Orlando, FL 32812	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	Rev. Barbara Coleman McCreary - Rev. Barbara Coleman McCreary 8/6/09 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN MCCREARY, BARBARA REV 5316 MARTA DR TAMPA, FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCLARY, MELANIE 3412 ALA FAYA BAY LN SUITE 402-A ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNEAD, ETORIA 300 LIVE OAK LANE MELBOURNE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kimberly M. McCreary 18907 Parkside Dr. Tampa, FL 33647 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joseph Murphy 1735 Lake Chapman Dr, #102 Brandon, FL 33510 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. (PD) Barbara Coleman McCreary 4858 So Conway Rd. #60 Orlando, FL 32812 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Melanie McClary 96612 NW 11th Miami, FL 33167 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400159425234 08/10/09--01046--001 ***306.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:	Rev. Barbara Coleman McCreary - Rev. Barbara Coleman McCreary - 407-963-0286 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #