

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009058

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** BELLVILLE COMMUNITY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3906 CR 152  
JENNINGS, FL 32053

**New Principal Place of Business:**

**Current Mailing Address:**

14119 40TH STREET  
LIVE OAK, FL 32060 US

**New Mailing Address:**

14719 40TH STREET  
LIVE OAK, FL 32060 US

**FEI Number:** 83-0355015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORVATH, GLENN  
14719 40TH ST.  
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HORVATH, GLENN  
Address: 14789 40TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: MICKLER, RAYMOND  
Address: P.O. BOX 283  
City-St-Zip: PINETTA, FL 32350

Title: D ( ) Delete  
Name: HURST, WAYNE  
Address: 3711 SW 59TH PLACE  
City-St-Zip: JASPER, FL 32052

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HORVATH, GLENN  
Address: 14719 40TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MICKLER, SUSAN  
Address: P.O. BOX 122  
City-St-Zip: PINETTA, FL 32350

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.

SIGNATURE: GLENN HORVATH

DP

04/24/2005

Electronic Signature of Signing Officer or Director

Date