

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010420

FILED
Mar 20, 2009
Secretary of State

Entity Name: BETHEL CHRISTIAN FELLOWSHIP, INC

Current Principal Place of Business:

10309 BENEVA DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 47376
TAMPA, FL 336477376

New Mailing Address:

FEI Number: 05-0546629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANSI, JULIANA A PASTOR
10309 BENEVA DR
TAMPA, FL 33646 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: ARANSI, JOHN L PASTOR
Address: 10309 BENEVA DRIVE
City-St-Zip: TAMPA, FL 33647

Title: DV () Delete
Name: ARANSI, JULIANA A PASTOR
Address: 10309 BENEVA DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TRUS () Delete
Name: BANKOLE, ELIJA A PASTOR
Address: PO BOX 20238
City-St-Zip: MONTGOMERY, AL 361200238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN ARANSI

DP

03/20/2009

Electronic Signature of Signing Officer or Director

Date