2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004793

FILED Mar 24, 2008 Secretary of State

Entity Name: BETHLEHEM BAPTIST CHURCH OF LAKE CITY, INC. **New Principal Place of Business: Current Principal Place of Business:** 2115 SE SR 100 LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** P.O. BOX 3325 LAKE CITY, FL 32056 FEI Number: 59-3103721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'STEEN, LOWELL O'STEEN, LOWELL PASTOR 2115 SE ŚR 100 2115 SE SR 100 LAKE CITY, FL 32025 LAKE CITY, FL 32025 US US 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: LOWELL O'STEEN 03/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PARKER, PRISCILLA Name: Name: Address: 3573 SE COUNTRY CLUB RD Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: THOMAS, JAMES Name: Address: 4614 SE COUNTRY CLUB RD 252 Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition GOTTRY, RAY Name: Name: 6831 SE COUNTRY CLUB RD 245 Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: OSTEEN, LOWELL Name: O'STEEN, LOWELL Address: 2683 SE CR 252 Address: 2683 SE CR 252 City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025

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: LOWELL O.STEEN D 03/24/2008