


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # N04000005438 | |  |
| 1. Entity Name BETSER 7TH DAY CHURCH, INC. | | |
| Principal Place of Business 864 ADOUR DRIVE KISSIMMEE, FL 34759 | Mailing Address 864 ADOUR DRIVE KISSIMMEE, FL 34759 | |



07312006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 02-0724456 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

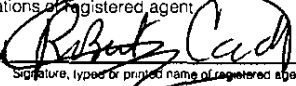
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CADET, ROBERT
864 ADOUR DRIVE
KISSIMMEE, FL 34759

**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)

8/9/06
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | LOUIS-CHARLES, MOISE |
| STREET ADDRESS | 1725 SE ST. ANDREWS DRIVE |
| CITY-ST-ZIP | PALM CITY, FL 34990 |

| | |
|----------------|---------------------|
| TITLE | VP |
| NAME | CADET, ROBERT |
| STREET ADDRESS | 864 ADOUR DRIVE |
| CITY-ST-ZIP | KISSIMMEE, FL 34759 |

| | |
|----------------|------------------------|
| TITLE | T |
| NAME | LEBRUN, JOSEPH R |
| STREET ADDRESS | 400 TAMARIND PARK LANE |
| CITY-ST-ZIP | KISSIMMEE, FL 34759 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

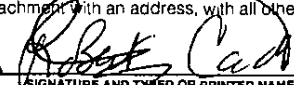
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| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000574252
08/14/06-00006-018 61.25

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/06 407-931-0780
Date Daytime Phone #