

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008837

FILED
Aug 26, 2005
Secretary of State

Entity Name: BETHEL FAMILY CENTER MINISTRIES, INC.

Current Principal Place of Business:

12403 SCOTTISH PINE LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

12403 SCOTTISH PINE LANE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 27-0103242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMPBELL, PETER J
12403 SCOTTISH PINE LANE
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, PETER J
Address: 12403 SCOTTISH PINE LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: VP () Delete
Name: CAMPBELL, NATALIE J
Address: 12403 SCOTTISH PINE LANE
City-St-Zip: CLERMONT, FS 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PETER CAMPBELL

P

08/26/2005

Electronic Signature of Signing Officer or Director

Date