

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90025 040 \*\*\*158.75

**DOCUMENT # N04000010175**

1. Entity Name

BETHESDA CHURCH & WORSHIP CENTER, INC.



Principal Place of Business

10855 HIGHWAY 4  
MILTON FL 32570

Mailing Address

4651 WEST HIGHWAY 4  
CENTURY FL 32535



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-1803953

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCULLOUGH, CHARLES A  
4651 WEST HIGHWAY 4  
CENTURY FL 32535

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MCCULLOUGH, CHARLES A  
STREET ADDRESS 4651 WEST HIGHWAY 4  
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME CARROLL, ROBERT N  
STREET ADDRESS 219 PATTON STREET  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ADAMS, MICHAEL D  
STREET ADDRESS 40106 RANGE ROAD  
CITY-ST-ZIP JAY FL 32565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME OWENS, WILLIAM C  
STREET ADDRESS 6419 HIGHWAY 4 WEST  
CITY-ST-ZIP BAKER FL 32531

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MCCULLOUGH, BARBARA A  
STREET ADDRESS 4651 WEST HIGHWAY 4  
CITY-ST-ZIP CENTURY FL 32535

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME SEXTON, JOE V  
STREET ADDRESS 1202 BARNEY ROAD  
CITY-ST-ZIP WING AL 36483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Charles A McCullough*

2-27-06

(850) 336-0061