

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 20-1803953	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCULLOUGH, CHARLES A 4651 WEST HIGHWAY 4 CENTURY FL 32535	
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7. Name and Address of New Registered Agent	
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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete PD MCCULLOUGH, CHARLES A 4651 WEST HIGHWAY 4 CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VPD CARROLL, ROBERT N 219 PATTON STREET CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VPD ADAMS, MICHAEL D 40106 RANGE ROAD JAY FL 32565
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VPD OWENS, WILLIAM C 6419 HIGHWAY 4 WEST BAKER FL 32531
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete STD MCCULLOUGH, BARBARA A 4651 WEST HIGHWAY 4 CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VPD SEXTON, JOE V 1202 BARNEY ROAD WING AL 36483

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000337926 03/05/08-80010-012 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: *Barbara McCullough* *2-14-08* *850-317-1211*