2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N04000010175

Entity Name: BETHESDA CHURCH & WORSHIP CENTER, INC.

Current Principal Place of Business:

10855 HIGHWAY 4
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

4651 WEST HIGHWAY 4
CENTURY, FL 32535

New Mailing Address:

FEI Number: 20-1803953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCULLOUGH, CHARLES A
4651 WEST HIGHWAY 4
CENTURY, FL 32535 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	MCCULLOUGH, CHARLES A	
Address:	4651 WEST HIGHWAY 4	
City-St-Zip:	CENTURY, FL 32535	
Title:	VPD	(X) Delete
Name:	CARROLL, ROBERT N	
Address:	219 PATTON STREET	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	VPD	( ) Delete
Name:	ADAMS, MICHAEL D	
Address:	40106 RANGE ROAD	
City-St-Zip:	JAY, FL 32565	
Title:	VPD	(X) Delete
Name:	OWENS, WILLIAM C	
Address:	6419 HIGHWAY 4 WEST	
City-St-Zip:	BAKER, FL 32531	
Title:	STD	( ) Delete
Name:	MCCULLOUGH, BARBARA A	
Address:	4651 WEST HIGHWAY 4	
City-St-Zip:	CENTURY, FL 32535	
Title:	VPD	(X) Delete
Name:	SEXTON, JOE V	
Address:	1202 BARNEY ROAD	
City-St-Zip:	WING, AL 36483	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: BARBARA A MCCULLOUGH STD 02/02/2009

Electronic Signature of Signing Officer or Director — Date