

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000011381**

1. Entity Name  
**BE HIS WITNESS, INC.**



Principal Place of Business  
**10708 FOREST RUN DR  
BRADENTON, FL 34211-9387**

Mailing Address  
**10708 FOREST RUN DR  
BRADENTON, FL 34211-9387**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2004876</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**6. Name and Address of Current Registered Agent**

**EREDICS, ROBERT L  
10708 FOREST RUN DR  
BRADENTON, FL 34211-9387**

**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 *R.H. Eredics*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000775340  
01/08/08-80026-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RITTER, G.T.
STREET ADDRESS	10708 FOREST RUN DR
CITY-ST-ZIP	BRADENTON, FL 342119387

TITLE	D
NAME	RITTER, TERRI
STREET ADDRESS	10708 FOREST RUN DR
CITY-ST-ZIP	BRADENTON, FL 342119387

TITLE	PTD
NAME	EREDICS, ROBERT L
STREET ADDRESS	10708 FOREST RUN DR
CITY-ST-ZIP	BRADENTON, FL 342119387

TITLE	D
NAME	EREDICS, CHARLENE
STREET ADDRESS	10708 FOREST RUN DR
CITY-ST-ZIP	BRADENTON, FL 342119387

TITLE	S
NAME	VALENCOURT, ALVINA
STREET ADDRESS	1204 TALLYWOOD DR
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** *R.H. Eredics*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-2008 941-727-6767  
Date Daytime Phone #