

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90054 031 ****61.25

DOCUMENT # N05000002977

1. Entity Name
BETHEL UNITED ZION CHURCH, INC.



Principal Place of Business
**3893 NORTH LAKE ORLANDO PARKWAY
ORLANDO, FL 32808**

Mailing Address
**3893 NORTH LAKE ORLANDO PARKWAY
ORLANDO, FL 32808**

DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROLL, ROBERT
5909 BEECHMONT BLVD
ORLANDO, FL 32808**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **B**
NAME **CROLL, ROBERT**
STREET ADDRESS **5909 BEECHMONT BLVD**
CITY - ST - ZIP **ORLANDO, FL 32808**

TITLE **P**
NAME **BAIRD, DESIREE**
STREET ADDRESS **2221 PELINION STREET**
CITY - ST - ZIP **APOPKA, FL 32712**

TITLE **P**
NAME **GRAHAM, WILFRED**
STREET ADDRESS **79 BEDFORD TERRACE**
CITY - ST - ZIP **IRVINGTON, NJ 07111**

TITLE **T**
NAME **KENNEDY, GLORIA**
STREET ADDRESS **607 RUTHLAND ROAD**
CITY - ST - ZIP **BROOKLYN, NY 11203**

TITLE **S**
NAME **CROWL, ANTOINETTE**
STREET ADDRESS **5909 BEECHMONT BLVD**
CITY - ST - ZIP **ORLANDO, FL 32808**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 594-3234