2007 NOT-FOR-PROFIT CORPORATION

Jan 08, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N06000007413 01-08-2007 90251 009 ****61.25 BETHEL COMMUNITY HOLINESS CHURCH, INC. Principal Place of Business Mailing Address 40000368 1913 CAULEY AVENUE 1913 CAULEY AVENUE PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 2011 DOROTHY AVENUE PANAMA CITY BEACH, FL 32408 City 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 ministating) DATE 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ITILE ☐ Delete MLE ☐ Change ■ Addition PETERSON, GEORGE L NAME NAME 2011 DOROTHY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition PITTS, HOWARD NAME NAME 1705 CONNECTICUT AVENUE STREET ADDRESS STREET ADDRESS City-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP TITLE □ Delete TILE Change ■ Addition NAME SINGLETARY, JOEL D NAME STREET ADDRESS **459 MOSS AVENUE** STREET ADDRESS VERNON, FL 32462 City-St-7IP CITY-ST-ZIP TITLE Detete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED