2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# N06000010885

Entity Name: BETHEL FREE WILL BAPTIST CHURCH INC.

Current Principal Place of Business:

694 NE GIBBS TERRACE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

694 NE GIBBS TERRACE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-5651413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRAY, MAY LOIS B
1567 NE STATE ROAD 225
LAWTEY, FL 32058 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: DP ( ) Delete
Name: MCCRAY, MAY LOIS B
Address: PO BOX 492
City-St-Zip: LAWTEY, FL 32058

Title: DVP ( ) Delete
Name: BAKER, GWENDOLYN B
Address: ROUTE 1 BOX 1263
City-St-Zip: LAWTEY, FL 32058

Title: DS ( ) Delete
Name: LOVELL, PATRICIA ANN B
Address: PO BOX 316
City-St-Zip: CRESCENT CITY, FL 32012

Title: DT ( ) Delete
Name: MCCRAY, THOMAS
Address: PO BOX 492
City-St-Zip: LAWTEY, FL 32058

Title: DAS ( ) Delete
Name: HINES, NATHANIEL
Address: 5012 NW 182 WAY
City-St-Zip: STARKE, FL 32091

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MAY LOIS BRIGHT MCCRAY DP 03/01/2007

Electronic Signature of Signing Officer or Director — Date