


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 014 ****61.25

DOCUMENT # N06000010885 1. Entity Name BETHEL FREE WILL BAPTIST CHURCH INC.					
Principal Place of Business 694 NE GIBBS TERRACE LAKE CITY, FL 32055			Mailing Address 694 NE GIBBS TERRACE LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5651413	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRAY, MAY LOIS B 1567 NE STATE ROAD 225 LAWTEY, FL 32058			7. Name and Address of New Registered Agent Name Patricia Ann Bright Lovell Street Address (P.O. Box Number is Not Acceptable) 117 Amin Road City Crescent City FL Zip Code 32112-0316		
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 Patricia Ann Bright Lovell Patricia B. Lovell 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiling) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCRAY, MAY LOIS B PO BOX 492 LAWTEY, FL 32058	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Patricia Ann Bright Lovell P.O. Box 316 Crescent City, FL 32112-0316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKER, GWENDOLYN B ROUTE 1 BOX 1263 LAWTEY, FL 32058	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOVELL, PATRICIA ANN B PO BOX 316 CRESCENT CITY, FL 32012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kenya Monique Lovell P.O. Box 316 Crescent City, FL 32112-0316 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCRAY, THOMAS PO BOX 492 LAWTEY, FL 32058	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HINES, NATHANIEL 5012 NW 182 WAY STARKE, FL 32091	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS Ophelia Hines 5012 NW 182 Way Starke, FL 32091 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 Patricia B. Lovell - Patricia B. Lovell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-08 <small>Date</small>		(386) 698-1752 <small>Daytime Phone #</small>