## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT						Secretary of State				
DOCUMENT # N06000010885  1. Entity Name BETHEL FREE WILL BAPTIST CHURCH INC.						I .		90235 014 **		
				121						
Principal Place of Business 694 NE GIBBS TERRACE LAKE CITY, FL 32055		Mailing Address 694 NE GIBBS TERRACE LAKE CITY, FL 32055				AFAN ABIYA ABINE PAYY	I 83107 (1811 DESE) 1918) (1	1181		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282008 CI	hg-NP	CR2E037 (12/0	06)		
City & State		City & State			4. FEI Number 20-565141	3		Applied For Not Applicable		
Ζίρ		Country	Zip	Zip Country		5. Certificate of Sta	atus Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name ar	nd Address of Current	Registered Agent			7. Name and Add	ress of New Re	egistered Agent		
MCCRAY, MAY LOIS B				Name Patr			CLia Ann Bright Lovel/ (P.O. Box Number is Not Acceptable)			
1567 NE ST LAWTEY, FI		J 225		Street Address			Not Acceptable	,		
		•		Ci	//7 /	Amin Road		FL 🔗	Code 112-0316	
8. The above n	named entity s	submits this statement fo	or the purpose of changing it	ts registered of	ffice or registe	red agent, or both, in	the State of Flo			
	ons of registere	_	11/2004	(D. H	7	R-P nell	,	1100 00	,	
the obligation	Patric	ed agent. Lia Ann Bri prinled name of registered agent		Pat DTE: Registered Agen	MAN	B. Soull d when reinstating)	,	4-28-08 DATE	?	
signature	Patric	printed name of registered agent	and title if applicable. (NO	Partie Registered Ager ampaign Finant Contribution.			M	DATE  ake check payated Department	ole to	
SIGNATURE SIGNATURE 10.	Patric Signature, typed or Filling Fee Due by Ma	printed name of registered agent	9. Election Ca Trust Fund	ampaign Finan	ncing	s \$5.00 May Be	M: Flori	DATE  ake check payat  da Department (	ole to of State	
SIGNATURE SI	Patric Signature, typed or p Filling Fee Due by Ma	printed name of registered agent is \$61.25 by 1, 2008  OFFICERS AND DIF	and title if applicable. (NC  9. Election Ca  Trust Fund	ampaign Finand Contribution.  11.  TITLE NAME	DP Patr	\$5.00 May Be Added to Fees ADDITIONS/CHANGI	M: Flori ES TO OFFICER	ake check payat da Department	ple to of State	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Patricia B. Soulle-Patricia B. Love // 4-28-08 (386) 198-1752
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR
Date Date Destine Profes