2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000006552

Title:

Name:

Address:

City-St-Zip:

FILED Oct 02, 2009 Secretary of State

Entity Name: BETHESDA WORSHIP CENTER INC. **Current Principal Place of Business: New Principal Place of Business:** 2715 SW 177TH PLACE ROAD OCALA, FL 34473 **Current Mailing Address: New Mailing Address:** PO BOX 771288 OCALA, FL 34473 FEI Number: 26-2933450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARRIS, JARRED N 2715 SW 177TH PLACE ROAD OCALA, FL 34473 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: JARRED PARRIS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete PARRIS, JARRED N PASTOR Name: Name: Address: 2715 SW 177TH PLACE ROAD Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PARRIS, MARSHA C PASTOR Name: Address: 2715 SW 177TH PLACE RAOD Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: (X) Change () Addition WINSTON, KAREN Name: WINSTON, KAREN Name: 2680 SW 154 PLACE ROAD 15509 SW 34TH COURT RD Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JARRED PARRIS CEO 10/02/2009

() Delete

SPRULL, TERRY

OCALA, FL 34473

225 MARION OAKS BLVD

() Change () Addition