2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Aug 06, 2004 8:00 am Secretary of State DOCUMENT # N12815 1. Entity Name -08-06-2004 90005 010 ****66.25 STAR OF BETHLEHEM, OLD REGULAR BAPTIST CHURCH OF JESUS CHRIST, INC. Principal Place of Business Mailing Address 39121 CENTRAL AVE 23753 FOREST VIEW DR. CRYSTAL SPRINGS FL 33524 LAND O LAKES FL 34639 2. Principal Place of Business Mailing Address A ROVE) SAME AME AS Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 59-2994024 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired บรก USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMPTON, KENNETH-R Street Address (P.O. Box Number is Not Acceptable) 23753 FOREST VIEW DR. LAND O LAKES FL 34639 Zip Code City 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 reinstating) DATE FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. PTD TITLE □ Delete TITLE Change ☐ Addition COMPTON, WILLIAM JR NAME NAME 102 JEAN ANN AVENUE STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition COMPTON, KENNETH NAME NAME 23753 FORËST VIEW DRIVE STREET ADDRESS STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-ZIP CITY-ST-7IP VPD" **X** Change Addition TITLE TITLE Délete COMPTON, MARCUS W. 23613 WOODGEN AVE. COX, LARRY NAME NAME 13415 BEECHBERRY DR STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY - ST - 7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tights empowered.

FILED