


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90013 038 \*\*\*\*70.00

**DOCUMENT # N18917**

1. Entity Name  
 BETHESDA OUTREACH MINISTRIES, INC.




Principal Place of Business  
 3650 17TH STREET  
 SARASOTA, FL 34235

Mailing Address  
 PO BOX 48331  
 SARASOTA, FL 34230

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2781228 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENIDGE, PETER** *GREENIDGE*  
 4959 CEDAR OAK WAY  
 SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREENIDGE, PETER	
STREET ADDRESS	4959 CEDAR OAK WAY	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, SHARON	
STREET ADDRESS	3507 ROLLINS POND WAY	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKELY, HENRY	
STREET ADDRESS	2062 28TH ST 2063 28TH ST.	
CITY-ST-ZIP	SARASOTA, FL 34230 34234	
TITLE	C	<input type="checkbox"/> Delete
NAME	BURRIS, JOHN	
STREET ADDRESS	595 MOSSY CREEK DRIVE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUGGS, DAVID	
STREET ADDRESS	7740 SILVER BELL DR.	
CITY-ST-ZIP	SARSOTA, FL 34214	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRADONE, J P	
STREET ADDRESS	4611 35TH CT E	
CITY-ST-ZIP	BRADENTON, FL 34203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWYLA JAMES	
STREET ADDRESS	1811 CONRAD AVE.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Peter Greenidge* Date: *941-364-9750*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #