

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90040 022 \*\*\*\*61.25

DOCUMENT # N42311

1. Entity Name

BETHESDA PENTECOSTAL CHURCH, INC.



Principal Place of Business

Mailing Address

1920 6 AVE E  
BRADENTON FL 34208

1920 6 AVE E  
BRADENTON FL 34208

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORD, LARRY  
2481 4TH AVENUE N.E.  
NAPLES FL 34120

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TROUTMAN, LORETTA 5296 17TH AVENUE SW NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FANFAN, SANDRA 3903 NORMANDY DRIVE NAPLES FL 33962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NASH, ROBERT L REV 1920 6 AVE E BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JONES, KATHERINE 4780 28TH AVE SW NAPLES FL 33999	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<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	NEW ADDRESS 31st AVE. N.E NAPLES, FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rev. Robert L. Nash - Rev. Robert L. Nash May 4 2007 (974) 744-0387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #