

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42311

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** BETHESDA PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

1920 6 AVE E  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

1920 6 AVE E  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-0264499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TROUTMAN, LORETTA  
Address: 5296 17TH AVENUE SW  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: FANFAN, SANDRA  
Address: 31ST AVE N.E.  
City-St-Zip: NAPLES, FL 34120

Title: P ( ) Delete  
Name: NASH, ROBERT L REV  
Address: 1920 6 AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: JONES, KATHERINE  
Address: 4780 28TH AVE SW  
City-St-Zip: NAPLES, FL 33999

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT NASH

P

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date