

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 FEB 11 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N43666</b>					
1. Entity Name <b>BELLA VISTA BAPTIST CHURCH OF EDGEWATER, INC.</b>					
Principal Place of Business <b>3232 S. RIDGEWOOD EDGEWATER, FL 32141 US</b>			Mailing Address <b>P O BOX 681 EDGEWATER, FL 32132-7681</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3077835</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARSH, JOHN 4815 OLD BLUE RIDGE ROAD EDGEWATER, FL 32141</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 <b>2/1/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARSH, JOHN</b>	NAME			
STREET ADDRESS	<b>4815 OLD BLUE RIDGE ROAD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>EDGEWATER, FL 32141</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>THOMPSON, RAY</b>	NAME			
STREET ADDRESS	<b>201 SCHOONER AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>EDGEWATER, FL 32141</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ALDERMAN, DAN</b>	NAME			
STREET ADDRESS	<b>191 RIDGE RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>OAK HILL, FL 32759</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BRADLEY, PATSY</b>	NAME			
STREET ADDRESS	<b>100 DONLON STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 like empowered.					
SIGNATURE:				Date <b>2-1-05</b> 386 689-4849	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	