

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002089

1. Entity Name
BETHEL EVANGELISTIC MINISTRIES, INC.



Principal Place of Business
**101 DOROTHY STREET
INTERLACHEN, FL 32148**

Mailing Address
**P.O. BOX 1778
INTERLACHEN, FL 32148**



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODGER, DEBORAH A
101 DOROTHY STREET
INTERLACHEN, FL 32148**

**DO NOT WRITE
IN THIS SPACE**

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

Deborah A. Rodger

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

1-8-2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000581597
01/10/07-80094-005 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RODGER, DEBORAH A
101 DOROTHY ST. P.O. BOX 1778
INTERLACHEN, FL 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOLMES, LINDA
400 NW 1ST AVE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MCNELLY, CYNTHIA
127 LYNNWOOD DR
INTERLACHEN, FL 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
NICHOLS, MARLA
304 WOODSIDE RD
SIMPSONVILLE, SC 29680**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BMD
GENTLEMAN, VIKI
6887 CR 119 PO BOX 241
BRYCEVILLE, FL 32009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Deborah A. Rodger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-684-3347

Date

Daytime Phone #

Deborah A. Rodger