

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001829



1. Entity Name
 BETHEL BAPTIST CHURCH OF APOPKA, INC.

Principal Place of Business
 914 S. PARK AVE.
 APOPKA, FL 32703 US

Mailing Address
 914 S. PARK AVE.
 APOPKA, FL 32703 US



04072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 58-0114982 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLTON, BEVERLY
 344 E 13TH STREET
 APOPKA, FL 32703

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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: *Beverly J. Charlton*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: *4-7-06*

Filing Fee is \$61.25
 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CHARLTON, SAMUEL
STREET ADDRESS	344 E 13TH STREET
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	DTC
NAME	CHARLTON, BEVERLY
STREET ADDRESS	344 E 13TH STREET
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	TD
NAME	CARTER, ULYSSES
STREET ADDRESS	1364 HONEY RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	ST
NAME	CARTER, BEVERLY
STREET ADDRESS	1364 HONEY RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	T
NAME	IVEY, ELIZABETH
STREET ADDRESS	1301 S. HIGHLAND AVE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000501340
 04/25/06-80054-022 61.25

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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: *Beverly J. Charlton* Beverly J. Charlton 4-7-06 (407) 889-4050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #