


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 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

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03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-0114982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

000000664261
 03/22/07-80037-005 61.25

10. OFFICERS AND DIRECTORS

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

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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 3-8-07 (407) 889-49050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defacto Phone #