2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N98000003832

Entity Name: BETHEL CREEK BAPTIST CHURCH, INC.

Current Principal Place of Business:

8945 NW CR 53
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

8945 NW CR 53
MAYO, FL 32066

New Mailing Address:

FEI Number: 59-3174475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNIPES, SHEILA
861 NW CR 101
MAYO, FL 32066 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: T ( ) Delete
Name: SNIPES, SHEILA
Address: 861 NW CR 101
City-St-Zip: MAYO, FL 32066 US

Title: D ( ) Delete
Name: SNIPES, STEVE
Address: 861 NW CR 101
City-St-Zip: MAYO, FL 32066 US

Title: D ( ) Delete
Name: BELL, DREW
Address: 7538 NW CR 251
City-St-Zip: MAYO, FL 32066 US

Title: D ( ) Delete
Name: DRIGGERS, LOUIS
Address: 22976 100TH ST
City-St-Zip: LIVE OAK, FL 32060 US

Title: D ( ) Delete
Name: GRAVELINE, EDWARD
Address: 22967 100TH ST
City-St-Zip: LIVE OAK, FL 32060 US

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:

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: SHEILA SNIPES TREA 05/06/2009
Electronic Signature of Signing Officer or Director — Date