


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90243 009 ****61.25

DOCUMENT # N99000001432					
1. Entity Name BETHEL BAPTIST CHURCH, INCORPORATED, OF GRACEVILLE, FLORIDA					
Principal Place of Business 1349 HWY 173 GRACEVILLE FL 32440		Mailing Address 1349 HWY 173 GRACEVILLE FL 32440			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2338351	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEST, JAMES W 3850 HWY 2 GRACEVILLE FL 32440			7. Name and Address of New Registered Agent Name <u>West, E.L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3920 Hwy 2</u> <u>Graceville, Fl 32440</u> City <u>FL</u> 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 <u>E.L. West</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4-22-04</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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, S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, E. L.		NAME		
STREET ADDRESS	3920 HWY 2		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE FL 32440		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSH, DURRELL		NAME		
STREET ADDRESS	3634 BUSH RD.		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE FL 32440		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEST, JAMES		NAME		
STREET ADDRESS	3850 HWY 2		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE FL 32440		CITY-ST-ZIP		
TITLE	D + Pres.	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Phillips, Bob		NAME		
STREET ADDRESS	1176 Early Lane		STREET ADDRESS		
CITY-ST-ZIP	Graceville, Fl 32440		CITY-ST-ZIP		
TITLE	D + V. Pr.	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Phillips, John		NAME		
STREET ADDRESS	1233 Wrights Creek Rd.		STREET ADDRESS		
CITY-ST-ZIP	Bonifay, Fl 32425		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: <u>E.L. West</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-22-04</u>	
				B. 800-654-5838 H. 850-263-4395	