

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 732529 1. Entity Name BETHEL GOSPEL CHAPEL, INC.			
Principal Place of Business 1444 NW 15TH AVENUE P. O. BOX 9241 LAUDERDALE MANOR, FL 33311		Mailing Address P.O. BOX 9241 FORT LAUDERDALE, FL 33310-9241	
DO NOT WRITE IN THIS SPACE			
		02262006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 23-7449994		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent ROBINSON, LEON 7580 NW 21 CT SUNRISE, FL 33313		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		03/22/06-80052-013 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODBURN, EATON 5010 NW 51 STREET FORT LAUDERDALE, FL 33319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGIBBON, ABRAHAM 5825 N PLUM BAY PKWY TAMARAC, FL 33321		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWKINS, PETER 7061 N W 49TH PL LAUDERHILL, FL 33319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, ANTHONY 2800 NW 56 AVE, APT D-101 LAUDERHILL, FL 33313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, HERBERT 7308 N W 1ST CT PLANTATION, FL 33317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, VINCENT 11721 NW 29 MANOR SUNRISE, FL 33323		
DO NOT WRITE 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: 		3/5/06 954-764-3372	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Daytime Phone #	