## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 12, 2007 8:00 am **Secretary of State DOCUMENT #732529** 02-12-2007 90065 042 \*\*\*\*61.25 1. Entity Name BETHEL GOSPEL CHAPEL, INC. Principal Place of Business Mailing Address 40013159 1444 NW 15TH AVENUE P.O. BOX 9241 P. O. BOX 9241 FORT LAUDERDALE, FL 33310-9241 LAUDERDALE MANOR, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042007 Cha-NP CR2E037 (12/06) City & State Applied For City & State FEI Number 23-7449994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, LEON 7580 NW 21 CT Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33313 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE T ☐ Change ★★ Addition WOODBURN, EATON NAME NAME Devon DeRoux STREET ADDRESS **5010 NW 51 STREET** STREET ADDRESS 11644 NW 23 Street CITY-ST-ZIP FORT LAUDERDALE, FL 33319 CITY-ST-ZIP Coral Springs, FL 33065 TITLE ☐ Delete TITLE xx Change ■ Addition NAME MCGIBBON, ABRAHAM Abraham McGibbon NAME STREET ADDRESS 5825 N PLUM BAY PKWY STREET ADDRESS 5825 N. Plum Bay Pkwy CITY+ST-7IP TAMARAC, FL 33321 CITY-ST-ZIP Tamarac, FL 33321 TITLE De Delete ☐ Change ※※ Addition TITLE NAME DAWKINS, PETER NAME John Harvey STREET ADDRESS 7061 N W 49TH PL STREET ADDRESS 5315 NW 54 Street CITY-ST-ZIP LAUDERHILL, FL-33319~ CITY-ST-7IP Coconut Creek, FL 33073 TITI F Delete TITLE ☐ Change noitibhA X X D Norman Osborne NAME KNIGHT, ANTHONY NAME 2900 NW 56 AVE, APT D-101 STREET ADDRESS STREET ADDRESS 3841 Environ; Bldg Unit 231 CITY-ST-7IP LAUDERHILL, FL 33313 CITY-ST-ZIP Lauderhill, FL 33319 TITLE ☐ Defete TITLE ☐ Chappe ☐ Addition NAME HIGGINS, HERBERT NAME STREET ADDRESS 7308 N W 1ST CT STREET ADDRESS CITY-ST-ZTP PLANTATION, FL 33317 CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition GORDON, VINCENT NAME NAME STREET ADDRESS 11721 NW 29 MANOR STREET ADDRESS SUNRISE, FL 33323 CITY-ST-ZIP 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 of supplemental teport 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 all other like empowered.

FILED

Daytime Phone #