FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40540** **(9)**

1. Corporation Name

EL BETHEL WORD OF TRUTH WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
300 NORTH REUS STREET PENSACOLA FL 32501	PO BOX 19113 PENSACOLA FL 32523 US

3. Date Incorporated or Qualified: **10/22/1990**

3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business
21 2310 North 5 Street
Suite, Apt. #, etc. 22
City & State 23 Pensacola, Florida
Zip 24 32505
Country 25 Escambia

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

4. FEI Number: **59-3072752** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIDD, DANIEL J.
7890 HERRINGTON DRIVE
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIDD, DANIEL J. 7890 HERRINGTON DR PENSACOLA FL	☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIDD, ROMONA A. 7890 HERRINGTON DR PENSACOLA FL	☐	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director	Change ☒ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLSTON, SHELIA D 100 REDWOOD CIRCLE / STE - 320 PENSACOLA FL	☒	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EVANS JR 7890 HERRINGTON DR PENSACOLA FL	☒	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Alvin E. Smith 595 South McClelland Street Crestview, Florida 32536	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MICHAEL D 7890 HERRINGTON DR PENSACOLA FL	☒	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary / Treasurer Kathy R. Kidd 891 West Gregory Street Pensacola, Florida 32501	Change ☐ Addition ☒
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel J. Kidd 5/3/96 (904) 438-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)