2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N51399

1. Entity Name
BETHEL HOUSE OF GOD CHURCH, INC.

Principal Place of Business	Mailing Address
516 N W 4TH AVE HALLANDALE, FL 33009-3310	516 N W 4TH AVE HALLANDALE, FL 33009-3310

02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN E
516 NW 4TH AVENUE
HALLANDALE, FL 33009

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 X S. Peter Johnson 4/24/04
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
Due by May 1, 2004

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

U00000134867
04/28/04-80037-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, STEPHEN E
STREET ADDRESS	516 N.W. 4TH AVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	MAYS, TANYA
STREET ADDRESS	4267 N.W. 42ND TERR.
CITY-ST-ZIP	COCONUT CREEK, FL 33010
TITLE	DT
NAME	HEPBURN, VENICE
STREET ADDRESS	3199 FOXCROFT RD., #112
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	LAVETTE, MARIO
STREET ADDRESS	6545 S.W. 21ST STREET
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	CLARKE, PETER
STREET ADDRESS	6115 NW 186 STREET, #210
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X S. Johnson 4/24/04 9548126664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #