


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 720059 1. Entity Name BELLVIEW ASSEMBLY OF GOD, INC.	
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Principal Place of Business 2920 MICHIGAN AVENUE PENSACOLA, FL 32526	Mailing Address 2920 MICHIGAN AVENUE PENSACOLA, FL 32526
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1439253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOUMAKER, J.B. J
5031 PERKINS ST.
PENSACOLA, FL 32526

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

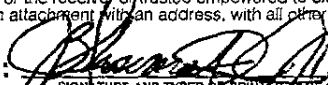
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SHOUMAKER, J.B. J 5031 PERKINS ST. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, LLOYD R. 5 GLYNQUIST AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COON, CHARILE 2049 PIN HIGH DR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKHART, SANDRA 217 JACQUELYN WAY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOUMAKER, SHANE 7705 BROOKMEADOW PL PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WHITE, DANNY 6752 SHAGGY OAK DR. MILTON, FL 32538

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04/18/05-80062-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  J. B. Shoumaker, Jr. 4/12/05 850 944-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #