

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720059

FILED
Apr 25, 2006
Secretary of State

Entity Name: BELLVIEW ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2920 MICHIGAN AVENUE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2920 MICHIGAN AVENUE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-1439253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: SHOUMAKER, J.B. J
Address: 5031 PERKINS ST.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: YOUNG, LLOYD R.,
Address: 5 GLYNQUIST AVE.
City-St-Zip: PENSACOLA, FL

Title: DS () Delete
Name: COON, CHARILE
Address: 2049 PIN HIGH DR
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: LOCKHART, SANDRA,
Address: 217 JACQUELYN WAY
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: SHOUMAKER, SHANE
Address: 7705 BROOKMEADOW PL
City-St-Zip: PENSACOLA, FL 32514

Title: TR () Delete
Name: WHITE, DANNY
Address: 6752 SHAGGY OAK DR.
City-St-Zip: MILTON, FL 32538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: COON, CHARLIE
Address: 2049 PIN HIGH DR
City-St-Zip: PENSACOLA, FL 32526

Title: T (X) Change () Addition
Name: LOCKHART, SANDRA,
Address: 1440 N. 61ST AVE. APT. 4A
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.B. SHOUMAKER, JR

DPC

04/25/2006

Electronic Signature of Signing Officer or Director

Date