
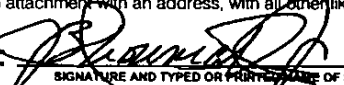


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90028 038 \*\*\*\*61.25

<b>DOCUMENT # 720059</b> 1. Entity Name <b>BELLVIEW ASSEMBLY OF GOD, INC.</b>					
Principal Place of Business <b>2920 MICHIGAN AVENUE PENSACOLA, FL 32526</b>			Mailing Address <b>2920 MICHIGAN AVENUE PENSACOLA, FL 32526</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1439253</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHOUMAKER, J.B. J 5031 PERKINS ST. PENSACOLA, FL 32526</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DPC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOUMAKER, J.B. J		NAME		
STREET ADDRESS	5031 PERKINS ST.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, LLOYD R.		NAME		
STREET ADDRESS	5 GLYNQUIST AVE.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COON, CHARLIE		NAME		
STREET ADDRESS	2049 PIN HIGH DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCKHART, SANDRA		NAME		
STREET ADDRESS	1440 N. 61ST AVE. APT. 4A		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHOUMAKER, SHANE		NAME	Jacob White	
STREET ADDRESS	7705 BROOKMEADOW PL		STREET ADDRESS	2070 Old Chemstrand Rd.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Cantonment FL 32533	
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, DANNY		NAME		
STREET ADDRESS	6752 SHAGGY OAK DR.		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32538		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 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.					
<b>SIGNATURE:</b> 		<b>J. B. Shoumaker, Jr.</b>		<b>05/05/08 (850) 944-5502</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	