2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 732191

Entity Name: BETHEL TABERNACLE, INC.

Current Principal Place of Business:

3017 SUTTON DRIVE
ORLANDO, FL 32810 US

New Principal Place of Business:

1401 W. KALEY AVE
ORLANDO, FL 32805 US

Current Mailing Address:

3017 SUTTON DRIVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-1606365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNAGE, HARVEY
3017 SUTTON DRIVE
ORLANDO, FL 32810 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:	PD	( ) Delete
Name:	TURNAGE, HARVEY,	
Address:	3017 SUTTON DR.	
City-St-Zip:	ORLANDO, FL 32810	
Title:	VPD	( ) Delete
Name:	BAILES, RONALD W.,	
Address:	2726 LAKE GRASSMERE CIRCLE	
City-St-Zip:	ZELLWOOD, FL 32798	
Title:	TD	( ) Delete
Name:	BAILES, ETHEL	
Address:	1143 GREEN BLUFF COURT	
City-St-Zip:	ZELLWOOD, FL 32198	
Title:	SD	( ) Delete
Name:	PARKER, LISA	
Address:	506 NANTUCKETT COURT, #301	
City-St-Zip:	ALTAMONTE, FL 32714	
Title:	D	( ) Delete
Name:	BAILES, JAMES H	
Address:	1143 GREEN BLUFF CT	
City-St-Zip:	DAYTONA BEACH, FL 32198	
Title:	D	( ) Delete
Name:	TURNAGE, HARVEY JR	
Address:	1111 LIBERTY AVE	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: HARVEY TURNAGE PD 01/06/2009
Electronic Signature of Signing Officer or Director — Date