
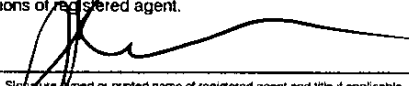
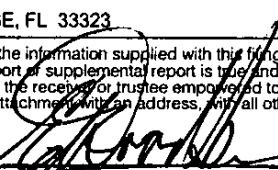


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90267 026 \*\*\*\*70.00

<b>DOCUMENT # 732529</b> 1. Entity Name <b>BETHEL GOSPEL CHAPEL, INC.</b>			
Principal Place of Business 1444 NW 15TH AVENUE P. O. BOX 9241 LAUDERDALE MANOR, FL 33311		Mailing Address 1444 NW 15TH AVENUE P. O. BOX 9241 LAUDERDALE MANOR, FL 33311	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 9241</b> Suite, Apt. #, etc.	
City & State		City & State <b>FT LAUDERDALE FL</b>	
Zip <b>33310-9241</b>	Country <b>USA</b>	4. FEI Number <b>23-7449994</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROBINSON, LEON</b> <b>7580 NW 21 CT</b> <b>SUNRISE, FL 33313</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>4/17/05</b>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODBURN, EATON</b> <b>5010 NW 51 STREET</b> <b>FORT LAUDERDALE, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCGIBBON, ABRAHAM</b> <b>5825 N PLUM BAY PKWY</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAWKINS, PETER</b> <b>7061 N W 49TH PL</b> <b>LAUDERHILL, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KNIGHT, ANTHONY</b> <del>2929 NW 109 AVE</del> <b>FORT LAUDERDALE, FL 33322</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2900 NW 56 Ave, Apt D-101</b> <b>LAUDERHILL FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGGINS, HERBERT</b> <b>7308 N W 1ST CT</b> <b>PLANTATION, FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORDON, VINCENT</b> <b>11721 NW 29 MANOR</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/17/05</b> <b>(954) 484-4636</b> <small>Date Daytime Phone #</small>	