FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 735192

(7)

THE GREATER BETHEL CHURCH OF THE APOSTOLI FAITH, INC.

Principal Place of Business

2. Principal Place of Business

25

Sulte, Apt. #, etc.

City & State

Mailing Address

6312 RESTLAWN DR JACKSONVILLE FL 32208

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6312 RESTLAWN DR JACKSONVILLE FL 32208-6309

2a. Mailing Address

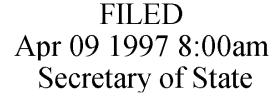
City & State

Suite, Apt. #, etc.

26

28 Zip

29



|--|

Yes No

This corporation has fiability for intangible tax under s. 199.032,

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 03/09/1976

4. FEI Number APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
STOKES, JOHN H 6312 RESTLAWN DR JACKSONVILLE, FL 32208			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
				of our radiood (i. i.e. por ramour is not recorptainly				
			83					
			84	City		OE 70	Code	
			104	City	FL	85 Zij	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE _	Signature, typed or printed name of registered agent and title if applica	No. (NOTE: Par	a alasad Aar	ot al-paturo	o required whon reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	int signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DHS IN 12	
TITLE	SD OF THE PART BILLETONS	DELETE	1.1 TITLE		ADDITIONATION WAS TO STATE THE	Change		
NAME	FULTON, CYNTHIA		1,2 NAME		·			
STREET ADDRESS	6312 RESTLAWN DR.		1.3 STREET ADDRESS		·			
	JACKSONVILLE, FL 00000				·			
CITY-ST-ZIP TITLE	EA	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME	BAGGS, DOROTHY		2.2 NAME				237.00	
···	6412 NEW KINGS RD		2.3 STREET	ADDRESS :				
STREET ADDRESS	JACKSONVILLE, FL 00000	ĭ					j	
CITY-ST-ZIP TITLE	V	DELETE	2.4 CITY - S 3.1 TITLE	SI-ZIP		Change	Addition	
1	WHITE, ORLONE	L. DUCETC				Onange		
NAME	6327 TONI AVE		3.2 NAME	1000100				
STREET ADDRESS	JACKSONVILLE, FL 00000	1	3.3 STREET				1	
CITY-ST-ZIP	D D	DELF1E	3.4. CITY - S	ST - ZIP		Change	Addition	
TITLE	_	☐ DECEIE	4.1 TITLE	1		L Change	L Addition	
NAME	DENNING, FLORITTA	I.	4. 2 NAME				1	
STREET ADDRESS	4832 N. MAIN, APT. 72		4.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000	DELETE.	4.4 CITY-S	T-2(P		1 101	an Francisco	
TITLE	PD CTOVEO 1011111		5.1 TITLE	i		☐ Change	☐ Addition	
NAME	STOKES, JOHN H	Į.	5.2 NAME				,	
STREET ADDRESS	6312 REST LAWN DR		5.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-S	1-ZIP				
TITLE		L.) DELETE	6.1 TITLE			Change	Addition	
NAME		ľ	6.2 NAME	i				
STREET ADDRESS			6.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			6.4 CITY - S		<u> </u>			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.								

Country

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