## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 749724** 1. Entity Name 03-01-2006 90005 044 \*\*\*\*61.25 THE BETHEL ASSEMBLY OF GOD CHURCH OF GREENSBORO, INC. Principal Place of Business Mailing Address 1882 PINEGROVE CHURCH RD 1882 PINEGROVE CHURCH RD QUINCY FL 32351 QUINCY FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2240761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCE, GARY W REV Street Address (P.O. Box Number is Not Acceptable) 1882 PINE GROVE CHURCH ROAD QUINCY FL 32351 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. 10.1 SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition NAME LEMIEUX, RONALD DEC NAME W 8TH ST STREET ADDRESS STREET ADDRESS GREENSBORO FL 32330 CITY-ST-7IP CITY-ST-ZIP Charles A. Pettis Change Addition County Rd-269, 1882 Ane Grove Church Rd-Change Addition TITLE ☐ Delete TITLE SPENCE, GARY W REV NAME NAME STREET ADDRESS COUNTY RD. 269, RT.1 BOX 286 B STREET ADDRESS QUINCY FL 32351 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_\_\_\_ Change \_\_\_ \_ Addition... TITLE BENTLEY, HARRY L SEC/TR NAME NAME 12961 NW CR 12, PO BOX 781 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRISTOL FL 32321 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Chock 183 Chapter 617, Florida Statutes, and that my harms appears in Ch

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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