

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000532

1. Entity Name

BETHEL CHURCH OF JESUS CHRIST (APOSTOLIC), INC.



Principal Place of Business

1443 39TH ST.  
ORLANDO, FL 32809

Mailing Address

1443 39TH ST.  
ORLANDO, FL 32809

FILED  
04 SEP -8 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08052004 No Chg-NP

CR2E037 (10/03)

*MRS*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, HEADLEY I REV.  
2100 LONGFELLOW CT.  
ORLANDO, FL 32818

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

100041132871

09/17/04--01086--026 \*\*70.00

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	JONES, HEADLEY I REV
STREET ADDRESS	2100 LONGFELLOW CT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	T
NAME	JONES, SAMUEL I
STREET ADDRESS	2100 LONGFELLOW CT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	T
NAME	FARMER, WENDY S
STREET ADDRESS	12014 BLACKHEATH CIR.
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Headley Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

Date

850-575-6299  
407-445-6190

Daytime Phone #