


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 013 ****61.25

DOCUMENT # N01000005322					
1. Entity Name BETHLEHEM CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 3060 MCCALL BRIDGE ROAD QUINCY, FL 32351			Mailing Address P O BOX 472 QUINCY, FL 32353		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04272006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3576600		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLANAGAN, JOSEPH JR 119 REED STREET QUINCY, FL 32351			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, EMANUEL		NAME		
STREET ADDRESS	614 FIFTH STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLANAGAN, JOSEPH JR		NAME		
STREET ADDRESS	119 REED ST		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRADWELL, FLORENCE		NAME	S Robinson, Lydia	
STREET ADDRESS	2893 MCCALL BRIDGE ROAD		STREET ADDRESS	2100 Apalachee Pkwy	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORD, ELLOUISE		NAME		
STREET ADDRESS	336 REYNOLD ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, A.B.		NAME		
STREET ADDRESS	209 HOLT LANE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, CLARENCE		NAME		
STREET ADDRESS	368 REYNOLDS ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph Flanagan Jr.</i>		Date: <i>4-29-06</i>		Daytime Phone #: <i>850-524-0073</i>	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					