


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90037 039 \*\*\*\*70.00

|                                                   |                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000003747</b>                    |  |
| 1. Entity Name<br><b>THE HOUSE OF BETHEL INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>501 N OCEAN ST BOX 1004<br/>JACKSONVILLE FL 32202</b> | Mailing Address<br><b>501 N OCEAN ST BOX 1004<br/>JACKSONVILLE FL 32202</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

**66410631**



MOORE CR2E037 (11/03)

|                                                                                        |                                           |
|----------------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br><b>Learning Center (Service held here presently)</b> | 3. Mailing Address<br><b>501 N. Ocean</b> |
| Suite, Apt. #, etc.<br><b>70 Dixie Hwy</b>                                             | Suite, Apt. #, etc.<br><b>Box 1004</b>    |
| City & State<br><b>St. Augustine</b>                                                   | City & State<br><b>Jacksonville, FL</b>   |
| Zip<br><b>32085</b>                                                                    | Zip<br><b>32202</b>                       |
| Country<br><b>U.S.A</b>                                                                | Country<br><b>U.S.A</b>                   |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>41-2072261</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent<br><b>GILLINS, MARIE<br/>440 W. 6TH STREET<br/>ST. AUGUSTINE FL</b> |  |
|---------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                      |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Marie Gillins</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>501 N. Ocean St</b><br><b>Jacksonville</b> <b>Box 1004</b><br>City <b>Jacksonville</b> FL Zip Code <b>32202</b> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 <b>Marie Gillins (Pre)</b>                                          | <b>Marie Gillins</b> | <b>3/20/4</b> |
| Signature, typed or printed name of registered agent and title if applicable. |                      | DATE          |

|                                                        |                                                                                                                                   |                                                              |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|--------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br><b>PD Director &amp; Founder</b>  | <input type="checkbox"/> Delete | TITLE<br><b>GILLINS, MARIE</b>                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GILLINS, MARIE</b>              |                                 | NAME<br><b>GILLINS, MARIE</b>                         |                                                                   |
| STREET ADDRESS<br><b>440 W. 6TH STREET</b> |                                 | STREET ADDRESS<br><b>440 W. 6TH STREET</b>            |                                                                   |
| CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>     |                                 | CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>                |                                                                   |
| TITLE<br><b>D officer</b>                  | <input type="checkbox"/> Delete | TITLE<br><b>MISSIONARY PEARL MCKINNEY</b>             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MISSIONARY PEARL MCKINNEY</b>   |                                 | NAME<br><b>MISSIONARY PEARL MCKINNEY</b>              |                                                                   |
| STREET ADDRESS<br><b>440 W. 6TH STREET</b> |                                 | STREET ADDRESS<br><b>440 W. 6TH STREET</b>            |                                                                   |
| CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>     |                                 | CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>                |                                                                   |
| TITLE<br><b>D officer</b>                  | <input type="checkbox"/> Delete | TITLE<br><b>BROTHER O. MCKINNEY</b>                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BROTHER O. MCKINNEY</b>         |                                 | NAME<br><b>BROTHER O. MCKINNEY</b>                    |                                                                   |
| STREET ADDRESS<br><b>440 W. 6TH STREET</b> |                                 | STREET ADDRESS<br><b>440 W. 6TH STREET</b>            |                                                                   |
| CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>     |                                 | CITY-ST-ZIP<br><b>ST. AUGUSTINE FL</b>                |                                                                   |
| TITLE<br><b>officer Sec</b>                | <input type="checkbox"/> Delete | TITLE<br><b>LAURA FISHER</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>LAURA FISHER</b>                |                                 | NAME<br><b>LAURA FISHER</b>                           |                                                                   |
| STREET ADDRESS<br><b>702 W 6th</b>         |                                 | STREET ADDRESS<br><b>702 W 6th</b>                    |                                                                   |
| CITY-ST-ZIP<br><b>St Augustine, FL</b>     |                                 | CITY-ST-ZIP<br><b>St Augustine, FL</b>                |                                                                   |
| TITLE<br><b></b>                           | <input type="checkbox"/> Delete | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b></b>                            |                                 | NAME<br><b></b>                                       |                                                                   |
| STREET ADDRESS<br><b></b>                  |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
| CITY-ST-ZIP<br><b></b>                     |                                 | CITY-ST-ZIP<br><b></b>                                |                                                                   |
| TITLE<br><b></b>                           | <input type="checkbox"/> Delete | TITLE<br><b></b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b></b>                            |                                 | NAME<br><b></b>                                       |                                                                   |
| STREET ADDRESS<br><b></b>                  |                                 | STREET ADDRESS<br><b></b>                             |                                                                   |
| CITY-ST-ZIP<br><b></b>                     |                                 | CITY-ST-ZIP<br><b></b>                                |                                                                   |

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: <b>Marie Gillins</b>                                    | <b>Marie Gillins (Pre)</b> | <b>3/20/4</b> | <b>598-1365</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                            | DATE          | DAYTIME PHONE # |