

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY - 1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N25167 (0)
1. Corporation Name
BETHANY ASSEMBLY OF GOD, INC.

Principal Place of Business Mailing Address
C/O BILLY R. BRUMMITT C/O BILLY R. BRUMMITT
9812 HARNEY RD. 9812 HARNEY RD.
THONOTOSASSA FL 33592 THONOTOSASSA FL 33592

3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2799946** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** **P.O. Box 1509**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** **Thonotosassa FL**
Zip Country Zip Country
24 **25** **33592** **30**

9. Name and Address of Current Registered Agent
BRUMMITT, BILLY RANDALL
9812 HARNEY RD.
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent
61 Name **BARRISS, TERRY R., SR.**
62 Street Address (P.O. Box Number is Not Acceptable)
9812 HARNEY RD.
63
64 City **Thonotosassa** **FL** **65** Zip Code **33592**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Terry R. Barriss Sr.* **5/7/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BRUMMITT, BILLY R.
STREET ADDRESS 9804 HARNEY ROAD
CITY - ST - ZIP THONOTOSASSA FL
TITLE VDT
NAME WHATLEY, GERALD
STREET ADDRESS 6907 N. 53RD STREET
CITY - ST - ZIP TAMPA FL 33617
TITLE SD
NAME THURMOND, KAREN
STREET ADDRESS 10 UNDRINE DRIVE
CITY - ST - ZIP THONOTOSASSA FL
TITLE D
NAME STRICKLAND, JOHNNY
STREET ADDRESS 403 EUCLID AVE.
CITY - ST - ZIP SEFFNER FL
TITLE D
NAME KIBBE, JOHN
STREET ADDRESS 13207 N. MCINTOSH RD
CITY - ST - ZIP THONOTOSASSA FL
TITLE D
NAME PAUL LINDNER,
STREET ADDRESS P.O. BOX 1405 N/A
CITY - ST - ZIP SEFFNER, FL 33584

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME **BARRISS, Sr. Terry R.**
1.3 STREET ADDRESS **1111 Shadow Run Dr**
1.4 CITY - ST - ZIP **Lakeland, FL 33813**
2.1 TITLE VDT Change Addition
2.2 NAME **Lindner Paul A.**
2.3 STREET ADDRESS **elm. St.**
2.4 CITY - ST - ZIP **Seffner, FL 33584**
3.1 TITLE Secretary Change Addition
3.2 NAME **Barriss, Diana L.**
3.3 STREET ADDRESS **1111 Shadow Run Dr**
3.4 CITY - ST - ZIP **Lakeland, FL 33813**
4.1 TITLE Deacon Change Addition
4.2 NAME **Dempsey, Patrick**
4.3 STREET ADDRESS **1913 - 14th Ave. E.**
4.4 CITY - ST - ZIP **Lutz, FL 33549**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Trustee Change Addition
6.2 NAME **Masiello Joseph**
6.3 STREET ADDRESS **618 Wood Road**
6.4 CITY - ST - ZIP **Seffner, FL 33584**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, upon an attachment with an address.

SIGNATURE: *T. R. Barriss Sr.* **Rev. T. R. Barriss, Sr.** **4/16/95 (813) 648-0625**
Signature, typed or printed name of signing officer or director (Date) (Telephone Area #)