

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **616 BILLY R. DRUMMITT 9812 HARVEY RD. THONOTOSASSA FL 33592**
Mailing Address: **P.O. BOX 1509 THONOTOSASSA FL 33592**

3. Date Incorporated or Qualified: **03/03/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **9812 Harvey Rd.**
2a. Mailing Address: **9812 Harvey Rd.**
21. Suite, Apt. #, etc.: **9812 Harvey Rd.**
22. Suite, Apt. #, etc.: **9812 Harvey Rd.**
23. City & State: **Thonotosassa, FL**
24. Zip: **33592**
25. Country: **USA**
26. Suite, Apt. #, etc.: **9812 Harvey Rd.**
27. Suite, Apt. #, etc.: **9812 Harvey Rd.**
28. City & State: **Thonotosassa, FL**
29. Zip: **33592**
30. Country: **USA**

4. FEI Number: **59-2799946**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BARRISS, TERRY R SR
9812 HARVEY RD
THONOTOSASSA FL 33592**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): **9812 Harvey Rd.**
83. _____
84. City: _____
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRISS, TERRY R SR	
STREET ADDRESS	1111 SHADOW RUN DR	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	LINDNER, PAUL A	
STREET ADDRESS	ELM ST	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARRISS, DIANA L	
STREET ADDRESS	1111 SHADOW RUN DR	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMPSEY, PATRICK	
STREET ADDRESS	1913 148TH AVE E	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIBBE, JOHN	
STREET ADDRESS	13207 N. MCINTOSH RD	
CITY - ST - ZIP	THONOTOSASSA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MASIELLO, JOSEPH	
STREET ADDRESS	618 WOOD ROAD	
CITY - ST - ZIP	SEFFNER FL 33584	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

500001829865
05/28/96 01057 019
***61.25

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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: Paul A. Lindner Date: 4/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 986 0505

CR2E037 (12/95)