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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25167 (0)

1. Corporation Name
BETHANY ASSEMBLY OF GOD, INC.



Principal Place of Business 9812 HARNEY RD. THONOTOSASSA FL 33592	Mailing Address P.O. BOX 1509 THONOTOSASSA FL 33592-1509
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3. Date Incorporated or Qualified 03/03/1988	3a. Date of Last Report 05/19/1996
4. FEI Number 59-2799946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BARRISS, TERRY R SR
9812 HARNEY RD
THONOTOSASSA FL 33592**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5** Zip Code

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 *Terry R. Barriss Sr.* **4/13/98**
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	<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 checked="" type="checkbox"/> DELETE
NAME	BARRISS, DIANA L	
STREET ADDRESS	1111 SHADOW RUN DR	
CITY-ST-ZIP	LAKELAND FL 33813	
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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRISS, TERRY R. SR.	
1.3 STREET ADDRESS	4733 SWINDELL RD	
1.4 CITY-ST-ZIP	LAKELAND, FL 33809	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 *Terry R. Barriss Sr.* **4/13/98** (80-1860)

CP2E037 (9/96)