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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

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/03/1988

3a. Date of Last Report

05/19/1996

4. FEI Number

59-2799946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

BARRISS, TERRY R SR
9812 HARNEY RD
THONOTOSASSA FL 33592

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARRISS, TERRY R SR
STREET ADDRESS 1111 SHADOW RUN DR
CITY-ST-ZIP LAKELAND FL 33813 ☐ DELETE

TITLE VDT
NAME LINDNER, PAUL A
STREET ADDRESS ELM ST
CITY-ST-ZIP SEFFNER FL 33584 ☐ DELETE

TITLE S
NAME BARRISS, DIANA L
STREET ADDRESS 1111 SHADOW RUN DR
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

TITLE D
NAME KIBBE, JOHN
STREET ADDRESS 13207 N. MCINTOSH RD
CITY-ST-ZIP THONOTOSASSA FL ☐ DELETE

TITLE T
NAME MASIELLO, JOSEPH
STREET ADDRESS 618 WOOD ROAD
CITY-ST-ZIP SEFFNER FL 33584 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PD
1.2 NAME BARRISS, TERRY R. SR.
1.3 STREET ADDRESS 4733 SWINDELL RD
1.4 CITY-ST-ZIP LAKELAND, FL 33809 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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. Bariss Sr.* 4/13/97 180-1860

CR2E037 (9/96)