

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | | Mailing Address | |
| 9812 HARNEY RD. THONOTOSASSA FL 33592 | | P.O. BOX 1509 THONOTOSASSA FL 33592 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 30 |
| | | 25 | 29 |

| | | |
|---|---|--------------------------------|
| 3. Date Incorporated or Qualified | 03/03/1988 | |
| 4. FEI Number | 59-2799946 | Applied For |
| | | 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 |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|---|------------------------------|-------------|-------|
| 81 Name | Reverend KENNETH M. WILLIAMS | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 9812 HARNEY ROAD | | |
| 83 | | | |
| 84 City | THONOTOSASSA | 85 State | FL |
| | | 86 Zip Code | 33592 |

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 *Kenneth M. Williams* President **KENNETH M. WILLIAMS** DATE **4-13-98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BARRISS, TERRY R. SR. | |
| STREET ADDRESS | 4733 SWINDELL ROAD | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | VDT | <input checked="" type="checkbox"/> DELETE |
| NAME | LINDNER, PAUL A | |
| STREET ADDRESS | ELM ST | |
| CITY-ST-ZIP | SEFFNER FL 33584 | |
| TITLE | D | <input checked="" 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 | | |
| 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 | Reverend KENNETH M. WILLIAMS | |
| 1.3 STREET ADDRESS | 9812 HARNEY ROAD | |
| 1.4 CITY-ST-ZIP | THONOTOSASSA, FL 33592 | |
| 2.1 TITLE | J | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Joseph MASIELLO | |
| 2.3 STREET ADDRESS | 618 WOOD ROAD | |
| 2.4 CITY-ST-ZIP | SEFFNER, FL 33584 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Steve LYONS | |
| 3.3 STREET ADDRESS | 1824 CRAVEN DRIVE | |
| 3.4 CITY-ST-ZIP | SEFFNER, FL 33584 | |
| 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 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: *Kenneth M. Williams* **KENNETH M. WILLIAMS** DATE: **4-13-98** (813) 986-5771

CR2E037 (10/97)