

# 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 # N93000001021 (5)**

1. Corporation Name

**BETHEL TEMPLE ASSEMBLY OF GOD INC. JACKSONVILLE, FL.**



Principal Place of Business

Mailing Address

**8380 DEVOE ST  
JACKSONVILLE FL 32220**

**8380 DEVOE ST  
JACKSONVILLE FL 32220**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

**02/26/1993**

3a. Date of Last Report

**01/30/1995**

4. FEI Number

**59-3160220**

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

**ROBERTS, JOSEPH N  
8380 DEVOE ST  
JACKSONVILLE FL 32220**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D ROBERTS, JOSEPH N**  
STREET ADDRESS **8082 CHOLO TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Patmadge, Johns**  
1.3 STREET ADDRESS **4621 Daughtry Blvd**  
1.4 CITY-ST-ZIP **Jacksonville Fla 32210**

TITLE ☐ DELETE  
NAME **DST JAMES, THERESA M**  
STREET ADDRESS **1214 LABELLE #205**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE ☒ DELETE  
NAME **D BURDETTE, MARK**  
STREET ADDRESS **6040 TWIN PINES RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ DELETE  
NAME **D FAIRCLOTH, MALCOM**  
STREET ADDRESS **2362 5TH AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE ☐ DELETE  
NAME **D MINOR, JAMES**  
STREET ADDRESS **117 PARK AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Rev. Joseph N. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph N. Roberts*

**1-18-1996 904-7833101**  
Date Daytime Phone #

CR2E037 (12/95)