SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N93000001021 (5) DOCUMENT #

BETHEL TEMPLE ASSEMBLY OF GOD INC. JACKSONVILLE,

Principal Place of Business	Mailing Address
8380 DEVOE ST	8380 DEVOE ST

FILED Jul 30 1997 8:00am Secretary of State



Principal Place of Business 880 EVPC ST 820 EVPC ST	FL.							
ACKSONNILE FL 3220 Principal Place of Business 2a, Mailing Address 2a, Mailing Address 3c, Date Incorporation of Country 2a, Date Incorporation of Causified 3c, Detail Place of Studies 3c, Detail Place of Studies 3c, Detail Place 3c, Detail	Principal Plac	e of Business	Mailing Address			1 18811101 014 18106 1811 0811 0811 0811 0811 0811 081		
22, Principal Piace of Business 2a, Mailing Address 25 4, Ell Number 25 3160220 Applied for Not Applie						DO NOT WRITE IN THIS SPACE		
Sulfo, Apt. 4, etc. Sulfo, Apt. 4, etc.	e .	*						
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City & State 28 29 20 Country 28 28 29 30 6. Electron Campaging Financing Added for Fees Added	I SURA ADI.	#. etc.	-					
Zep	City & State	6	 					
Name and Address of Current Registered Agent 10. Name and Address of New	Zip	Country.		Count	гу			
ROBERTS, JOSEPH N 8380 DEVOE ST JACKSONVILLE FL 32220 82 Street Address (P.O. Box Number is Not Acceptable) 83 Oty FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the address of City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the address of City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the address of City FL 85 Zip Code 12. The section of Sections 617.0502 and 617.1508, Florida Statutes, the address of City Florida Statutes of City F	24			30				
ROBERTS, JOSEPH N 8380 DEVOE ST JACKSONVILLE FL 32220 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am femiliar with, not accept the displacitions of, Section 617.0502 florida Statutes. SIGNATURE Signature, hoad or prised furne of registered agent are of the registered agent agent are of the registered agent agent are of the registered agent agent are of the statutes. SIGNATURE Delete 1: Title ROBERTS, JOSEPH N 8082 CHOLO TRAIL 13 STREET ADDRESS 12 NAME 13 STREET ADDRESS 17 Change 1 Change 1 Addition 1 Change 1 Ad		g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
B380 DEVOE ST JACKSONVILLE FL 32220 B4 City FL 85 Zip Code T1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Portida Stetutes, the above-named corporation submits this statement for the purpose of changing its 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, or home decept the obligations of Section 617 0503, Plorida Statutes. SIGNATURE Signature, typed or prised farms of registered agent and the 8 applicable. D5		<u> </u>		8	1 Name			
JACKSONVILE FL 32220 83 84 City FL 05 Zip Code 11. Pursuant to the provisions of Sections 617 (502 and 617 1508, Piorida Statulas, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and ecosys the obligations of, Section 617 (503, Florida Statulas). SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DEFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS N 12 TITLE DOFFICERS AND DIRECTORS 13 SIRRET ADDRESS CITY-ST-ZIP AMES SIRRET ADDRESS AN 1214 LABELLE #205 JACKSONVILLE FL 32205 JACKSONVILLE FL 32206 JOHNS, TALMADGE 4821 DAUGHTRY BLVD. 33 SIRRET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32208 TITLE DOFFICERS AND DIRECTORS IN 12 LABELLE #205 JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 TITLE DOFFICERS AND DIRECTORS IN 12 LABELLE #205 JACKSONVILLE FL 32205 JACKSONVILLE FL 32206 TITLE DOFFICERS AND DIRECTORS IN 12 LABELLE #205 JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 TITLE DOFFICERS AND DIRECTORS IN 12 LABELLE #205 JACKSONVILLE FL 32208 LABEL #206 JACKSONVILLE FL 32208 LABEL #206 JACKSONVILLE FL 32218 DELETE JACKS				6	2 Street /	Address (P.O. Box Number is Not Acceptable)		
Section Part		_ , ,		B	3			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and scoept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Time	UACKOO	HAILLE LE OSSEA						
SIGNATURE SIGNATURE SUPPLY SUPPLY STAPP TITLE DST TITLE DELETE STANLEY ADDRESS TITLE DST TITLE DST TITLE]	1	F <u>L</u> ~		
12.	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.							
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		ov certify that the information supplied	ed with this filing does not quelify			tated 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.