


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 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 # N93000001021 (5) 1. Corporation Name BETHEL TEMPLE ASSEMBLY OF GOD INC. JACKSONVILLE, FL | | | | | |
| Principal Place of Business 8380 DEVOE ST JACKSONVILLE FL 32220 | | Mailing Address 8380 DEVOE ST JACKSONVILLE FL 32220 | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 02/26/1993 4. FEI Number 59-3160220 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL | | |
| 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 | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROBERTS, JOSEPH N | | 1.2 NAME | | |
| STREET ADDRESS | 8082 CHOLO TRAIL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | | 1.4 CITY-ST-ZIP | | |
| TITLE | DST | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STANLEY, KIMBERLY D | | 2.2 NAME | | |
| STREET ADDRESS | 3233 SEARCHWOOD DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STANLEY, SHERMAN E | | 3.2 NAME | | |
| STREET ADDRESS | 3233 SEARCHWOOD DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FAIRCLOTH, MALCOM | | 4.2 NAME | | |
| STREET ADDRESS | 2362 5TH AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MINOR, JAMES | | 5.2 NAME | | |
| STREET ADDRESS | 117 PARK AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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)(f), 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: <i>Rev. Joseph N. Roberts, President</i> 1-16/98 904 7833101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005788 | | | | | |

CR2E037 (10/97)