

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001021

1. Entity Name

BETHEL TEMPLE ASSEMBLY OF GOD INC. JACKSONVILLE,

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90007 025 ****70.00

00003176



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8380 DEVOE ST
JACKSONVILLE FL 32220

Mailing Address
8380 DEVOE ST
JACKSONVILLE FL 32220-2377

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3160220

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JOSEPH N
8380 DEVOE ST
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JOSEPH N	
STREET ADDRESS	8082 CHOLO TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILLIAMS, JANET K	
STREET ADDRESS	1103 SPANISH OAKS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MAXINE	
STREET ADDRESS	635 MANSON LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAIRCLOTH, MALCOM	
STREET ADDRESS	2362 5TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINOR, JAMES	
STREET ADDRESS	117 PARK AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buddy Rees	
STREET ADDRESS	8404 Three Creeks Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32220	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Kleinik	
STREET ADDRESS	P.O. Box 6694	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32236-6694	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Noel Roberts*

1-10-2000

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CR2E037 (9/99)