

DOCUMENT # N93000001021

1. Entity Name

BETHEL TEMPLE ASSEMBLY OF GOD INC. JACKSONVILLE,

Principal Place of Business

Mailing Address

8380 DEVOE ST
JACKSONVILLE FL 32220

8380 DEVOE ST
JACKSONVILLE FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

ROBERTS, JOSEPH N
8380 DEVOE ST
JACKSONVILLE FL 32220

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DST
STREET ADDRESS WILLIAMS, JANET K
CITY-ST-ZIP 1103 SPANISH OAKS DR.
JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS REES, BUDDY
CITY-ST-ZIP 8404 THREE CREEKS BLVD
JACKSONVILLE FL 32220

TITLE ☒ Change ☐ Addition
NAME Denny FAIRCLOTH, Malcom
STREET ADDRESS 2362 5TH AVE.
CITY-ST-ZIP Jacksonville FL 32208

TITLE ☐ Delete
NAME D
STREET ADDRESS KLEINIK, KEVIN
CITY-ST-ZIP P O BOX 6694
JACKSONVILLE FL 32236-6694

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Dr. Joseph N. Roberts, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90086 025 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)