


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #** N93000001021

1. Entity Name  
**BETHEL TEMPLE ASSEMBLY OF GOD INC.**  
**JACKSONVILLE, FL.**




Principal Place of Business      Mailing Address

**8380 DEVOE ST**      **8380 DEVOE ST**  
**JACKSONVILLE FL 32220**      **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

1st MOORE      CR2E037 (10/05)

4. FCI 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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida 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 type="checkbox"/> Delete
NAME	KLEINIK, KEVIN	
STREET ADDRESS	P O BOX 6694	
CITY-ST-ZIP	JACKSONVILLE FL 32236-6694	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURSEY, JOEL	
STREET ADDRESS	8145 MARION CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, W.L. "BUDDY"	
STREET ADDRESS	7968 SOUTH PATOU DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOXWORTH, DICK	
STREET ADDRESS	111 EAST 6TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000560927	
STREET ADDRESS	05/18/06-80059-016	
CITY-ST-ZIP	70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 N Roberts*      **Joseph N. Roberts**      4-19-06      904 7833101