


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90030 033 \*\*\*\*70.00

**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**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-3160220</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**ROBERTS, JOSEPH N**  
**8380 DEVOE ST**  
**JACKSONVILLE, FL 32220**

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

Filing Fee is \$61.25  
 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JOSEPH N 8082 CHOLO TRAIL JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, JANET K 1103 SPANISH OAKS DR. JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINIK, KEVIN P O BOX 6694 JACKSONVILLE, FL 322366694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURSEY, JOEL 8145 MARION CIRCLE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, W.L. "BUDDY" <i>BOB MULLIS</i> 7968 SOUTH PATOW DRIVE <i>2248 OXBOW RD.</i> JACKSONVILLE, FL 32210 <i>JACKSONVILLE, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTH, DICK 111 EAST 6TH STREET JACKSONVILLE, FL 32208

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Dr. Joseph Noel Roberts Jr*      *4-28-08*      *904 7833101*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #