

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

8380 DEVOE ST  
JACKSONVILLE, FL 32220

Mailing Address

8380 DEVOE ST  
JACKSONVILLE, FL 32220

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP

CR2E037 (4/06)

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

**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	D
NAME	ROBERTS, JOSEPH N
STREET ADDRESS	8082 CHOLO TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DST
NAME	WILLIAMS, JANET K
STREET ADDRESS	1103 SPANISH OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	KLEINIK, KEVIN
STREET ADDRESS	P O BOX 6694
CITY-ST-ZIP	JACKSONVILLE, FL 322366694
TITLE	D
NAME	HURSEY, JOEL
STREET ADDRESS	8145 MARION CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	ROBERTS, W.L. "BUDDY"
STREET ADDRESS	7868 SOUTH PATOW DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	FOXWORTH, DICK
STREET ADDRESS	111 EAST 6TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32208

**DO NOT WRITE  
IN THIS SPACE**

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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 904 7833101