

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N93000001021

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

Current Principal Place of Business:

8380 DEVOE ST
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

8380 DEVOE ST
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-3160220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, JOSEPH N
8380 DEVOE ST
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, JOSEPH N
Address: 8082 CHOLO TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: DST () Delete
Name: WILLIAMS, JANET K
Address: 1103 SPANISH OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: KLEINIK, KEVIN
Address: P O BOX 6694
City-St-Zip: JACKSONVILLE, FL 322366694

Title: D () Delete
Name: HURSEY, JOEL
Address: 8145 MARION CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MULLIS, BOB
Address: 2248 OXBOW RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: FOXWORTH, DICK
Address: 111 EAST 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH NOEL ROBERTS JR.

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date