

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001021

FILED  
Mar 31, 2009  
Secretary of State

**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