

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91847 036 *****70.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ROBERTS, JOSEPH N**
STREET ADDRESS **8082 CHOLO TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **WILSON, MARVIN Deacon** ☐ Change ☒ Addition
NAME **WILSON, MARVIN**
STREET ADDRESS **756 Memorial PK**
CITY-ST-ZIP **Jacksonville FL 32221**

TITLE **DST** ☐ Delete
NAME **WILLIAMS, JANET K**
STREET ADDRESS **1103 SPANISH OAKS DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **Deacon** ☐ Change ☒ Addition
NAME **SMITH, HARVEY**
STREET ADDRESS **6236 BOB O LINK**
CITY-ST-ZIP **Jax FL 32219**

TITLE **D** ☐ Delete
NAME **FAIRCLOTH, MALCOM**
STREET ADDRESS **2352 5TH AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KLEINIK, KEVIN**
STREET ADDRESS **P O BOX 6694**
CITY-ST-ZIP **JACKSONVILLE FL 32236-6694**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MINOR, JAMES**
STREET ADDRESS **117 PARK AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete **ADD**
NAME **JOEL HURSEY**
STREET ADDRESS **8145 MARION CIRCLE**
CITY-ST-ZIP **Jacksonville FL 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

1-6-03 904 783 3101

CR2E037 (10/02)