


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 037 ****70.00

DOCUMENT # N94000002908 1. Entity Name HOUSE OF BETHEL SPIRIT OF TRUTH, INC.					
Principal Place of Business HOUSE OF BETHEL SPIRIT TRUTH, INC. 3528 ARMSTRONG ST. JACKSONVILLE, FL 32218			Mailing Address HOUSE OF BETHEL SPIRIT TRUTH, INC. 3528 ARMSTRONG ST. JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box # 11764 Lem Turner Road Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State		
Zip 32218		Country USA		Zip Country	
6. Name and Address of Current Registered Agent DOWLING, BARBARA 3528 ARMSTRONG ST. JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, BARBARA 1061 ALBERT ST JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Dowling, Barbara 3528 Armstrong Street Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, DAVID 10836 COPPERHILL DR JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O Allen, David 421 B South 14th Street Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, BESSIE 3528 ARMSTRONG STREET JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/T Greene, Bessie 3528 Armstrong Street Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WATERHOUSE, VERNE 202 W 39TH STREET JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Nelson, Ethel 3414 Armstrong Street Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT TOMEICA ALLEN 4239 KEY ADAM DRIVE JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Golden, Cordelia 7400 Hogan Road Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC COLE, CARLOS 64 W 44 ST. JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T Stewart, Rueben 5911 North Pearl Street Jacksonville, FL 32208	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Pastor Barbara Dowling</u> <u>Barbara Dowling, Pastor</u> <u>3/3/08</u> <u>(904) 619-6022</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					