2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # N9600000935 1. Entity Name EL-BETHEL APOSTOLIC TABERNACLE, INC.				633/3	Secretary of State 03-10-2005 90136 005 ****61.25			
4814 SCHAN	ABERLAIN BLVD -	lailing Address 1814 SCHAMBERLAIN BI NORTH PORT, FL 34286		S. Chamberla	in Bly	d. ∴.		
2 Principal Place of Business 3. Mailing Address 4814 S. Chamberlain Blvd.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02222005	Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 65-06956	18		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Regi	stered Agent		7. Name and Ad	dress of New F	Registered Agent		
URSHAN, ANDREW D			Name	Name				
4814 S CHAMBERLAIN BLVD NORTH PORT, FL 34286			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
8. The above the obligat	named entity suffinits this statement for the tions of registered agent.	purpose of changing its re	egistered office or	registered agent, or both, in	n the State of Fi	orida. I am familiar with,	and accept	
SIGNATURE .								
1	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: I	Registered Agent signati	ure required when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE lake check payable trida Department of S		
10.	Filing Fee Ls \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable t	tate	
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Thereby ceruly that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

3/3/05

941-391-2624

Date

Daytime Phone #