
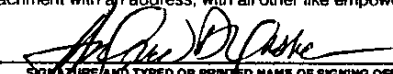


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-10-2005 90136 005 ****61.25

DOCUMENT # N96000000935 1. Entity Name EL-BETHEL APOSTOLIC TABERNACLE, INC.					
Principal Place of Business 4814 SCHAMBERLAIN BLVD NORTH PORT, FL 34286 US			Mailing Address 4814 SCHAMBERLAIN BLVD 4814 S. Chamberlain Blvd. NORTH PORT, FL 34286 US		
2. Principal Place of Business 4814 S. Chamberlain Blvd.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		02222005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0695618				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent URSHAN, ANDREW D 4814 S CHAMBERLAIN BLVD NORTH PORT, FL 34286			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, 2005		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					
TITLE	T DAVIS, HOPE M 20971 CORNELL AVE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S MURTAGH, DONNA M 1382 ARROW STREET PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	V URSHAN, CATHEY 7413 SW ENVIRONMENTAL LAB ARCADIA, FL 34266	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	P URSHAN, ANDREW D 7413 SW ENVIRONMENTAL LAB ARCADIA, FL 34266	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T MONYHAN, DANNY 21309 COVINGTON AVE PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T Donna K. Murtagh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (correct)			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T Daniel Monyhan 11620 Spoonbill Lane Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		3/3/05		941-391-2624	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	