

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000935

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: EL-BETHEL APOSTOLIC TABERNACLE, INC.

## Current Principal Place of Business:

4814 S CHAMBERLAIN BLVD  
NORTH PORT, FL 34286 US

## New Principal Place of Business:

## Current Mailing Address:

4814 S CHAMBERLAIN BLVD  
NORTH PORT, FL 34286 US

## New Mailing Address:

FEI Number: 65-0695618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URSHAN, ANDREW D  
4814 S CHAMBERLAIN BLVD  
NORTH PORT, FL 34286 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: T ( ) Delete  
Name: DAVIS, HOPE M  
Address: 20971 CORNELL AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete  
Name: MURTAGH, DONNA K  
Address: 1382 ARROW STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V ( ) Delete  
Name: URSHAN, CATHEY  
Address: 7413 SW ENVIRONMENTAL LAB  
City-St-Zip: ATCADIA, FL 34266

Title: P ( ) Delete  
Name: URSHAN, ANDREW D  
Address: 7413 SW ENVIRONMENTAL LAB  
City-St-Zip: ARCADIA, FL 34266

Title: T ( ) Delete  
Name: MONYHAN, DANIEL  
Address: 11620 SPOONBILL LANE  
City-St-Zip: FORT MYERS, FL 33913

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: CHRISTIE, DAVE  
Address: 3285 ZORATOA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

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: ANDREW URSHAN

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date