


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 046 ****61.25

DOCUMENT # N97000000135 1. Entity Name EL BETHEL ASSEMBLY OF GOD CHURCH, INC.					
Principal Place of Business 2503 EL BETHEL ROAD GRAND RIDGE FL 32442		Mailing Address 2503 EL BETHEL ROAD GRAND RIDGE FL 32442			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2503 El Bethel Church Rd. Suite, Apt. #, etc.			
City & State		City & State Grand Ridge, FL		4. FEI Number 59-2228502	
Zip --		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip --		Country		1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent SENN, CARROLL 2503 EL BETHEL CHURCH ROAD GRAND RIDGE FL 32442		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 <u>Rev. Carroll Senn, Pastor</u> DATE <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULLETTE, DAN 8158 HAWLEY SNEADS FL 32460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hatcher 2299 El Bethel Church Rd Grand Ridge, FL 32442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, HAROLD 2075 MORGAN LOOP SNEADS FL 32460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CHARLES 7205 HWY 90 GRAND RIDGE FL 32442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CRAIG 6347 EXPRESS ROAD GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILCHER, MARVIN 3162 HIGHWAY 90 GRAND RIDGE FL 32442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dan Coulliette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-05 750-593-6044 <small>Date Daytime Phone #</small>		