

# 2006 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N97000000135

1. Entity Name

EL BETHEL ASSEMBLY OF GOD CHURCH, INC.



FILED

06 NOV -2 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

|   |  |
|---|--|
| Principal Place of Business                 | Mailing Address                                  |
| 2503 EL BETHEL ROAD<br>GRAND RIDGE FL 32442 | 2503 EL BETHEL CHURCH RD<br>GRAND RIDGE FL 32442 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 59-2228502               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent                     |
| SENN, CARROLL<br>2503 EL BETHEL CHURCH ROAD<br>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 Carroll Senn DATE 10-22-06

(NOTE: Registered Agent signature required when reinstating)

|  |   |                                |  |
|--|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25<br>Due By September 6, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|--|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                          |
|----------------------------|--------------------------|
| TITLE                      | D                        |
| NAME                       | HATCHER, ROBERT          |
| STREET ADDRESS             | 2299 EL BETHEL CHURCH RD |
| CITY-ST-ZIP                | GRAND RIDGE FL 32442     |
| TITLE                      | D                        |
| NAME                       | DUNHAM, HAROLD           |
| STREET ADDRESS             | 2075 MORGAN LOOP         |
| CITY-ST-ZIP                | SNEADS FL 32460          |
| TITLE                      | D                        |
| NAME                       | BISHOP, CRAIG            |
| STREET ADDRESS             | 6347 EXPRESS ROAD        |
| CITY-ST-ZIP                | GRAND RIDGE FL 32442     |
| TITLE                      | D                        |
| NAME                       | PILCHER, MARVIN          |
| STREET ADDRESS             | 3162 HIGHWAY 90          |
| CITY-ST-ZIP                | GRAND RIDGE FL 32442     |
| TITLE                      |                          |
| NAME                       |                          |
| STREET ADDRESS             |                          |
| CITY-ST-ZIP                |                          |
| TITLE                      |                          |
| NAME                       |                          |
| STREET ADDRESS             |                          |
| CITY-ST-ZIP                |                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                   |
|---|-------------------|
| TITLE   | D                 |
| NAME  | Coultette, Daniel |
| STREET ADDRESS  | 8158 Hawley St.   |
| CITY-ST-ZIP   | Sneads, FL 32460  |
| TITLE   |                   |
| NAME  |                   |
| STREET ADDRESS  |                   |
| CITY-ST-ZIP   |                   |
| TITLE   |                   |
| NAME  |                   |
| STREET ADDRESS  |                   |
| CITY-ST-ZIP   |                   |
| TITLE   |                   |
| NAME  |                   |
| STREET ADDRESS  |                   |
| CITY-ST-ZIP   |                   |
| TITLE   |                   |
| NAME  |                   |
| STREET ADDRESS  |                   |
| CITY-ST-ZIP   |                   |

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: Daniel Coultette DATE: 7-23-06 850-593-6044

K. Eckel NOV 03 2006