

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90211 010 ****61.25

DOCUMENT # N97000002953

1. Corporation Name

EL BETHEL TABERNACLE INC.

Principal Place of Business

5214 E. SENECA AVE
TEMPLE TERRACE FL 33617

Mailing Address

5214 E. SENECA AVE
TEMPLE TERRACE FL 33617



2. Principal Place of Business

21 **2121 SOUTH 78th ST.**

Suite, Apt. #, etc.

22

City & State

23 **TAMPA FLORIDA**

Zip Country

24 **33619** 25

2a. Mailing Address

26 **27216 Coral Springs Dr.**

Suite, Apt. #, etc.

27

City & State

28 **Wesley Chapel, Florida**

Zip Country

29 **33543** 30

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

59-3448711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name **GORDON, NORRIS A REV.**

82 Street Address (P.O. Box Number is Not Acceptable)

27216 CORAL SPRINGS DRIVE

83

84 City **WESLEY CHAPEL**

FL

85 Zip Code **33543**

9. Name and Address of Current Registered Agent

GORDON, NORRIS A REV.
5214 E. SENECA AVE
TEMPLE TERRACE FL 33617

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **GORDON, REV. N**
STREET ADDRESS **5214 E SENECA AVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ DELETE

NAME **WALKER, LLOYD G.**
STREET ADDRESS **1434 BUCKNER RD**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ DELETE

NAME **CARTY, LINZEL A.**
STREET ADDRESS **6402 RENWICK CIRCLE**
CITY-ST-ZIP **TAMPA PALMES FL 33647**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **GORDON, REV. N**
1.3 STREET ADDRESS **27216 Coral Springs Drive**
1.4 CITY-ST-ZIP **Wesley Chapel FL 33543**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NORRIS A GORDON** 4-11-99.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)