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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000005373

1. Corporation Name

BETHANY TEMPLE CHURCH OF GOD, TARPON SPRINGS, IN C.

Principal Place of Business

Mailing Address

P O BOX 429
TARPON SPRINGS FL 34688-0429
US

P O BOX 429
TARPON SPRINGS FL 34688-0429
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 P.O. Box 429

26 P.O. Box 429

09/22/1997

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2265812

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Tarpon Springs

Tarpon Springs

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

34688

25 Pinellas

30 34688

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEFINO, F D
401 NORTH DISSTON AVENUE
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME DE FINO, DONALD
STREET ADDRESS 5706 IVY LANE
CITY-ST-ZIP HOLIDAY FL 34690

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME MORRIS DIXON
STREET ADDRESS 3427 TIKI DR
CITY-ST-ZIP HOLIDAY FL 34690

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME VERLON WELLS
STREET ADDRESS 4715 MADISON AVE
CITY-ST-ZIP NEW PT RICHEY FL 34652

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME LARRY SMITH
STREET ADDRESS 2378 BENTLY DR
CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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: DONALD DE FINO 4/23/99 727/937-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)