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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N51399

1. Corporation Name

BETHEL HOUSE OF GOD, THE HOLY CHURCH OF THE LIVI NG GOD, THE PILLAR AND THE GROUND OF THE TRUTH,

Principal Place of Business	Mailing Address
516 N W 4TH AVE HALLANDALE DL 22009	1200 NW 185TH TERRACE PEMBROKE PINES FL 33029

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 516 N. W. 4TH AVE	10/21/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 HALLANDALE, FL	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 33009 / Country 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, STEPHEN E
1200 NW 185TH TERRACE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name STEPHEN E. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 516 N.W. 4TH AVENUE
83
84 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 617.0302 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 _____ 2/27/99
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, STEPHEN E.		1.2 NAME		
STREET ADDRESS	1200 NW 185TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGHEE, HENRY		2.2 NAME		
STREET ADDRESS	13701 SW 12TH ST #SULFOLK A113		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEPBURN, VENICE		3.2 NAME		
STREET ADDRESS	3199 FOXCROFT RD., #112		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	APPLETON, LEROY		4.2 NAME		
STREET ADDRESS	2930 N W 56TH AVE #A107		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCINTOSH, BERESFORD		5.2 NAME		
STREET ADDRESS	4560 NW 10TH PL APT #G106		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33313		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: _____ REQUIRED 2/27/99 954-454-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #