

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002666

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: BETHEL ASSEMBLY OF GOD CHURCH, INC.

**Current Principal Place of Business:**

119 CR 315 N  
INTERLACHEN, FL 32148 US

**New Principal Place of Business:**

**Current Mailing Address:**

119 CR 315 N  
INTERLACHEN, FL 32148

**New Mailing Address:**

FEI Number: 59-2477138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAMMES, DALE ADMAST  
119 CR 315 N  
INTERLACHEN, FL 32148 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCOLLEY, MICHAEL PASTOR  
Address: 107 DOTTIE CT.  
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete  
Name: NESTOR, SUE B SEC.  
Address: 219 DREW ST.  
City-St-Zip: INTERLACHEN, FL 32148

Title: DT ( ) Delete  
Name: FOSTER, JERRY TREAS.  
Address: 139 MANGLES DR  
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete  
Name: THORNROSE, ROBERT A  
Address: PO BOX 1277  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: DOUGHTY, JACK  
Address: 524 SHEILA AVE  
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete  
Name: CUPPLES, RALPH  
Address: 100 KENWOOD BOAT RAMP RD.  
City-St-Zip: INTERLACHEN, FL 32148

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRUZ, FLOR  
Address: 702 CLIFFORD STREET  
City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE JAMMES

ADAS

04/14/2009

Electronic Signature of Signing Officer or Director

Date