

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdock
Secretary of State
CORPORATION

DOCUMENT # **705475** (2)
1. Corporation Name
BETHEL ASSEMBLY OF GOD, INC., OF MELBOURNE, FLORIDA

Principal Place of Business: **26 W FEE AVE MELBOURNE FL 32901**
Mailing Address: **26 W FEE AVE MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1963	3a. Date of Last Report 02/16/1994
4. FEI Number 59-1992155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This Corporation has liability for intangible tax under s. 199 U.S. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State	2b. Mailing Address 26. Suite, Apt #, etc. 27. City & State
24. Zip	25. Quantity
29. Zip	30. Quantity

9. Name and Address of Current Registered Agent
**STAUDTE, PETER
510 CLIFTON BLVD.
W. MELBOURNE FL 32904**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature must be printed below in plain ink. If the signature is typed, the typed name must appear below.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALT, CHARLES A.	12 NAME	
STREET ADDRESS	5080 S TALLWOOD CIRCLE	13 STREET ADDRESS	
CITY, ST, ZIP	WEST MELBOURNE FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, MERL	22 NAME	
STREET ADDRESS	2710 ROUEN AVE.	23 STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL 32935	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUDTE, PETER	32 NAME	
STREET ADDRESS	510 CLIFTON	33 STREET ADDRESS	
CITY, ST, ZIP	WEST MELBOURNE FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPKEY, DOYLE	42 NAME	
STREET ADDRESS	1923 SUGARBERRY CT NE	43 STREET ADDRESS	
CITY, ST, ZIP	PALM BAY FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: *Peter P. Staudte* PETER P. STAUDTE APR 30, 95 (401) 927-2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR