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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

04-25-1999 90011 087 ****61.25
 04-25-1999 90011 088 *****8.75

DOCUMENT # 705475

1. Corporation Name
BETHEL ASSEMBLY OF GOD, INC., OF MELBOURNE, FLORIDA
LIGHTHOUSE ASSEMBLY OF GOD OF MELBOURNE, INC.

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



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/15/1963 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1992155 | |
| 22 | City & State | 27 | City & State | Applied For Not Applicable | |
| 23 | Zip | 28 | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STAUDTE, PETER 510 CLIFTON BLVD. W. MELBOURNE FL 32904 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|------------------------|--|---|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Pastor | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSWALT, CHARLES A. | | 1.2 NAME | Hackenberg, Roger L. Jr. | |
| STREET ADDRESS | 5080 S TALLWOOD CIRCLE | | 1.3 STREET ADDRESS | 3416 Reign St. | |
| CITY-ST-ZIP | WEST MELBOURNE FL | | 1.4 CITY-ST-ZIP | Melbourne, Fl. 32934 | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAZAN, VICTOR | | 2.2 NAME | | |
| STREET ADDRESS | 1565 PAISLEY ST NW | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BAY FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAUDTE, PETER | | 3.2 NAME | | |
| STREET ADDRESS | 510 CLIFTON | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST MELBOURNE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Deacon | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALARA, BRUNO | | 4.2 NAME | Peters, Robert | |
| STREET ADDRESS | 30 W FEE AVE | | 4.3 STREET ADDRESS | 2529 Majestic Ave. | |
| CITY-ST-ZIP | MELBOURNE FL | | 4.4 CITY-ST-ZIP | Melbourne, Fl. 32934 | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | Deacon | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | Vaillancourt, Mark | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1847 Vauxhall ST NW | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Palm Bay, Fl. 32907 | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | Deacon | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | Hackenberg, Roger L. Sr. | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 253 Merritt Square #734 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Merritt Island, Fl. 32952 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 February 2, 1999 407-952-1477
Date Daytime Phone #

CR2E037 (11/98)