

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708435 (3)

1. Corporation Name

BETHEL ASSEMBLY OF GOD OF FORT MYERS, FLORIDA, INC.



Principal Place of Business

541 EVERGREEN ROAD
NORTH FT. MYERS FL 33903

Mailing Address

541 EVERGREEN ROAD
NORTH FT. MYERS FL 33903

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KELLOG, BEN
1659 GROVE AVE
FT MYERS FL 33901

3. Date Incorporated or Qualified
02/03/1965

3a. Date of Last Report
05/26/1995

4. FEI Number
51-0198523

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Emory Roan

82 Street Address (P.O. Box Number is Not Acceptable)
17941 Rancho 78 Dr

83 City Alva

84 City FL 85 Zip Code 33128

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 Emory Roan

(NOTE: Registered Agent signature required when reinstating)

DATE 8-1-96

12. OFFICERS AND DIRECTORS

TITLE S
NAME SIMER, KAREN
STREET ADDRESS 995 NARCISSUS ST
CITY-ST-ZIP N FT MYERS FL ☒ DELETE

TITLE D
NAME ROAN, EMORY
STREET ADDRESS 17941 RANCHO 78 DR
CITY-ST-ZIP ALVA FL ☐ DELETE

TITLE D
NAME STRICKLAND, DANIEL
STREET ADDRESS 1520 PACIFIC AVE
CITY-ST-ZIP N FT MYERS FL ☒ DELETE

TITLE D
NAME KELLOG, BEN
STREET ADDRESS 1659 GROVE AVE
CITY-ST-ZIP FT MYERS FL ☒ DELETE

TITLE D
NAME HOPPER, STANLEY
STREET ADDRESS 8155 EBSON RD
CITY-ST-ZIP N FT MYERS FL ☒ DELETE

TITLE D
NAME GARDNER, GERALD
STREET ADDRESS 535 EVERGREEN RD
CITY-ST-ZIP N FT MYERS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME Elizabeth Stritenberger
1.3 STREET ADDRESS 10600 Dew Rd
1.4 CITY-ST-ZIP N Ft Myers, FL 33917 ☒ Change ☐ Addition

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

3.1 TITLE D
3.2 NAME Carrie Greer
3.3 STREET ADDRESS 698 Muscogee Dr
3.4 CITY-ST-ZIP N Ft Myers, FL 33903 ☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME Joseph Dennis Miller
4.3 STREET ADDRESS 405 Evergreen Rd
4.4 CITY-ST-ZIP N Ft Myers, FL 33903 ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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: Elizabeth S. Stritenberger Elizabeth S. Stritenberger 8-1-96 941-481-2463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone ext 28

0014004

CR2E037 (3/96)