

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 33900  
 Mailing Address: 541 EVERGREEN ROAD NORTH FT. MYERS FL 33903

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/03/1965	05/26/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	51-0198523	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KELLOG, BEN 1659 GROVE AVE FT MYERS FL 33901		Emory Roan 17941 Rancho 78 Dr Alva FL 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  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE: 8-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	SIMER, KAREN	1.2 NAME	Elizabeth Stritenberger
STREET ADDRESS	995 NARCISSUS ST	1.3 STREET ADDRESS	10600 Dew Rd
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	N Ft Myers, FL 33917
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	2.1 TITLE	
NAME	ROAN, EMORY	2.2 NAME	
STREET ADDRESS	17941 RANCHO 78 DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	D
NAME	STRICKLAND, DANIEL	3.2 NAME	Carrie Greer
STREET ADDRESS	1520 PACIFIC AVE	3.3 STREET ADDRESS	698 Muscogee Dr
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	N Ft Myers, FL 33903
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	D
NAME	KELLOG, BEN	4.2 NAME	Joseph Dennis Miller
STREET ADDRESS	1659 GROVE AVE	4.3 STREET ADDRESS	405 Evergreen Rd
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	N Ft Myers, FL 33903
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	
NAME	HOPPER, STANLEY	5.2 NAME	
STREET ADDRESS	8155 EBSON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	
NAME	GARDNER, GERALD	6.2 NAME	
STREET ADDRESS	535 EVERGREEN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> 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  
 Date: 8-1-96 Daytime Phone: 941-482-2663 ext 28

CR2E037 (3/96)