


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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, I NC.

Principal Place of Business 541 EVERGREEN ROAD NORTH FT. MYERS FL 33903	Mailing Address 541 EVERGREEN ROAD NORTH FT. MYERS FL 33903-2700
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1965	3a. Date of Last Report 08/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 51-0198523		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROAN, EMORY 17941 RANCHO 78 DR ALVA FL 33928		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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 Mar. 19, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRITENBERGER, ELIZABETH	1.2 NAME	HUBBARD, IRIS F
STREET ADDRESS	10500 DEU RD	1.3 STREET ADDRESS	1243 WONDALL AV
CITY-ST-ZIP	NORTH FT. MYERS FL	1.4 CITY-ST-ZIP	N.F.T. MYERS, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROAN, EMORY	2.2 NAME	ROAN, EMORY
STREET ADDRESS	17941 RANCHO 78 DR	2.3 STREET ADDRESS	17941 RANCHO 78 DR
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	ALVA, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, CARRIE	3.2 NAME	
STREET ADDRESS	698 MUSCOGEE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOSEPH DENNIS	4.2 NAME	HERMAN HOWATINECK
STREET ADDRESS	495 EVERGREEN RD	4.3 STREET ADDRESS	16 SERENDIPITY BLVD
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	N.F.T. MYERS, FL 33903
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, GERALD	5.2 NAME	GARDNER, GERALD
STREET ADDRESS	535 EVERGREEN RD	5.3 STREET ADDRESS	535 EVERGREEN RD.
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	N. FT. MYERS, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: J. J. Hubbard 3-18-97 995-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056040

CR2E037 (9/96)