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Feb 19, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 708435

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0198523	
24 Country		29 Country		30	
25		29		30	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

**ROAN, EMORY
17941 RANCHO 78 DR
ALVA FL 33928**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, IRIS F	1.2 NAME	
STREET ADDRESS	1243 WENDELL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWATINECK, HERMAN	4.2 NAME	
STREET ADDRESS	16 SERENDIPITY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, GERALD	5.2 NAME	
STREET ADDRESS	535 EVERGREEN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Is. St. John* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

Date

941-995-1099

Daytime Phone #

0059548

CR2E037 (1/98)