

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708435

FILED
Jan 27, 2004
Secretary of State

Entity Name: BETHEL ASSEMBLY OF GOD OF FORT MYERS, FLORIDA, INC.

Current Principal Place of Business:

541 EVERGREEN ROAD
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

541 EVERGREEN ROAD
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 51-0198523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROAN, EMORY
17941 RANCHO 78 DR
ALVA, FL 33920 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/27/2004

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HUBBARD, IRIS F
Address: 1243 WENDELL AVE
City-St-Zip: NORTH FT MYERS, FL

Title: D () Delete
Name: ROAN, EMORY
Address: 17941 RANCHO 78 DR
City-St-Zip: ALVA, FL

Title: D () Delete
Name: THOMPSON, CHARLES E JR
Address: 17141 EAST LAKE DR
City-St-Zip: FORT MYERS, FL 33917

Title: D () Delete
Name: HOWATINECK, HERMAN
Address: 16 SERENDIPITY BLVD
City-St-Zip: NORTH FT MYERS, FL

Title: P () Delete
Name: GARDNER, GERALD
Address: 535 EVERGREEN RD
City-St-Zip: N FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MCCLLENITHAN, MICHAEL O
Address: 922 POINSETTIA DRIVE
City-St-Zip: NORTH FT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMORY ROAN

Electronic Signature of Signing Officer or Director

D

01/27/2004

Date