

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708435

FILED
Mar 19, 2009
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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: ROAN, EMORY
Address: 17941 RANCHO 78 DR
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: RISNER, RICHARD
Address: 112 LAMPLIGHTER LANE
City-St-Zip: N. FORT MYERS, FL 33917

Title: D () Delete
Name: MCLELLAN, BETTY
Address: 601 SAND LAKE COURT
City-St-Zip: NORTH FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: MCCLLENITHAN MICHAEL O

T

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date