

# 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