

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:22

DOCUMENT # 745070 (3)
1. Corporation Name
BETHEL ASSEMBLY, INC.

Principal Place of Business	Mailing Address
7636 NORTHWEST 186TH STREET P.O. BOX 1359 MIAMI FL 33015	7636 NORTHWEST 186TH STREET P.O. BOX 1359 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1978	3a. Date of Last Report 08/11/1994
4. FEI Number 59-1843522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**LIVELY, DAVID R.
19644 BOB-O-LINK DR.
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: *David R. Lively* *President* **1-23-95**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIVELY, DAVID R
STREET ADDRESS	19644 BOB-O-LINK DR.
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	GONZALEZ, PATRICIA
STREET ADDRESS	220 SOUTH ROYAL POINCIANA
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	D
NAME	WILLIAMS, ONI
STREET ADDRESS	717 CURTISS PARKWAY, #6
CITY-ST-ZIP	MIAMI SPRINGS FL
TITLE	D
NAME	MARTIN, GEORGE
STREET ADDRESS	851 EAST 38TH STREET
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	D
NAME	MCLAREN, YVONNE
STREET ADDRESS	19015 NW 54 PL
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ORTEGA, MANUEL
STREET ADDRESS	12681 SW 20TH CT
CITY-ST-ZIP	MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *David R. Lively* **David R. Lively, President** **1/23/95**
Signature and typed or printed name of signing officer or director Date
(305) 556-2727