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Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 008 ****61.25

CORPORATION ANNUAL REPORT 1999



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

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

Principal Place of Business Mailing Address
7636 NORTHWEST 186TH STREET 13400 Griffin Rd
P.O. BOX 1359 DAVIE FL 33330
MIAMI FL 33015
7636 NORTHWEST 186TH STREET
P.O. BOX 1359
MIAMI FL 33015
13400 Griffin Road
DAVIE, Florida 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/27/1978** 3a. Date of Last Report **08/11/1998**

4. FEI Number **59-1843522** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee/Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *David R. Lively* **PRESIDENT** **7/30/99**
(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 36TH 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	12661 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary/Treasurer
2.3 STREET ADDRESS	GORDAN WALKER
2.4 CITY-ST-ZIP	5424 NW 190 Street
	MIAMI FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Lively
3.3 STREET ADDRESS	19644 Bob-O-Link
3.4 CITY-ST-ZIP	MIAMI FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	YVONNE MCLAREN
5.4 CITY-ST-ZIP	19015 NW 54 PL
	MIAMI, FL
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 119.07(3)(k), 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 from the information with an address.

SIGNATURE: *David R. Lively* **David R. Lively, President** **7/30/99**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
(305) 556-2727