

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 764354 (7)
1. Corporation Name
BETESDA ASEMBLY OF GOD, INC.



Principal Place of Business: 3300 N.W. 135TH STREET OPA-LOCKA FL 33054
Mailing Address: 3300 N.W. 135TH STREET OPA-LOCKA FL 33054

3. Date Incorporated or Qualified: 07/29/1982
3a. Date of Last Report: 06/22/1995
4. FEI Number: 59-2280575
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CABALLERO, VICTOR, 6770 EVANS ST., HOLLYWOOD FL 33024
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, JOSE	1.2 NAME	
STREET ADDRESS	10212 NW 125 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	TR	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, GREGORIO	2.2 NAME	T.R.
STREET ADDRESS	9345 NW 32 PL	2.3 STREET ADDRESS	CASTILLO MANULL
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	4050 NW 135 ST Bld 11 #14
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCES, VICTOR	3.2 NAME	T DELGADO SANDRA
STREET ADDRESS	4095 W 72 ST #104	3.3 STREET ADDRESS	3011 NW 95 ST
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	TR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOFFIL, ESMERALDINO	4.2 NAME	
STREET ADDRESS	7801 WEST 29TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLANTE, MERCEDES	5.2 NAME	S. ARCES ARACELIS
STREET ADDRESS	956 CODADO ST	5.3 STREET ADDRESS	521 S. S. BAY ST
CITY-ST-ZIP	OPA LOCKA FL 33054	5.4 CITY-ST-ZIP	OPA-LOCKA FL 33054
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, VICTOR	6.2 NAME	
STREET ADDRESS	6770 EVANS ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	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, or on an attachment with an address.

SIGNATURE: Victor Caballero V. Date: 1-27-96 (954) 966-7547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)