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May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33054-4706

3. Date Incorporated or Qualified: 07/29/1982  
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, State, Zip, and Country.  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BELLO, JOSE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10212 NW 125 ST	CITY-ST-ZIP: HIALEAH GARDEN FL	1.2 NAME:	
TITLE: TR	NAME: CASTILLO, MANUEL	1.3 STREET ADDRESS:	
STREET ADDRESS: 4050 NW 135ST STREET, BUILDING 11, #14	CITY-ST-ZIP: OPA-LOCKA FL	1.4 CITY-ST-ZIP:	
TITLE: T	NAME: DELGADO, SANDRA	2.1 TITLE: TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3011 NW 95TH STREET	CITY-ST-ZIP: MIAMI FL	2.2 NAME: DELGADO LUZ	
TITLE: TR	NAME: BOFFIL, ESMERALDINO	2.3 STREET ADDRESS: 3011 N.W. 95 ST	
STREET ADDRESS: 7801 WEST 29TH WAY	CITY-ST-ZIP: HIALEAH FL	2.4 CITY-ST-ZIP: MIAMI FL	
TITLE: S	NAME: ARCES, ARACELIS	3.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 521 SESAME STREET	CITY-ST-ZIP: OPA-LOCKE FL	3.2 NAME: ARACELIS ARCES	
TITLE: V	NAME: CABALLERO, VICTOR	3.3 STREET ADDRESS: 521 SESAME ST	
STREET ADDRESS: 6770 EVANS ST.	CITY-ST-ZIP: HOLLYWOOD FL 33024	3.4 CITY-ST-ZIP: OPA-LOCKA FL	
TITLE: TR	NAME: SOSA GREGORIO	4.1 TITLE: TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9545 N W 32 PL	CITY-ST-ZIP: MIAMI FL 33055	4.2 NAME: SOSA GREGORIO	
TITLE: S	NAME: CAMPOS ANGELA	4.3 STREET ADDRESS: 9545 N W 32 PL	
STREET ADDRESS: 900 W 74 ST #213C	CITY-ST-ZIP: HIALEAH FL 33012	4.4 CITY-ST-ZIP: MIAMI FL 33055	
TITLE: T	NAME: DELGADO, SANDRA	5.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3011 NW 95TH STREET	CITY-ST-ZIP: MIAMI FL	5.2 NAME: CAMPOS ANGELA	
TITLE: P	NAME: BELLO, JOSE	5.3 STREET ADDRESS: 900 W 74 ST #213C	
STREET ADDRESS: 10212 NW 125 ST	CITY-ST-ZIP: HIALEAH GARDEN FL	5.4 CITY-ST-ZIP: HIALEAH FL 33012	
TITLE: T	NAME: DELGADO, SANDRA	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3011 NW 95TH STREET	CITY-ST-ZIP: MIAMI FL	6.2 NAME:	
TITLE: TR	NAME: BOFFIL, ESMERALDINO	6.3 STREET ADDRESS:	
STREET ADDRESS: 7801 WEST 29TH WAY	CITY-ST-ZIP: HIALEAH FL	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)