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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
3300 N.W. 135TH STREET OPA-LOCKA FL 33054 3300 N.W. 135TH STREET OPA-LOCKA FL 33054

3. Date Incorporated or Qualified 07/29/1982
4. FEI Number 59-2280575 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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Country 28 Zip Country
24 25 29 30

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 Name JOSE F. BELLO
82 Street Address (P.O. Box Number is Not Acceptable) 651 S.E. 1ST PLACE
83
84 City HIALEAH FL 85 Zip Code 33010

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 PASTOR JOSE F. BELLO / Jose F. Bello 1/30/98
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	P	<input type="checkbox"/> DELETE
NAME	BELLO, JOSE	
STREET ADDRESS	10212 NW 125 ST	
CITY-ST-ZIP	HIALEAH GARDEN FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO, LUIZ	
STREET ADDRESS	3011 N.W. 95 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARACELIS, ARCES	
STREET ADDRESS	521 SESAME ST.	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SOSA, GREGORIO	
STREET ADDRESS	9545 N.W. 32 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAMPOS, ANGELA	
STREET ADDRESS	900 W. 74 ST, #213C	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CABALLERO, VICTOR	
STREET ADDRESS	6770 EVANS ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE F. BELLO	
1.3 STREET ADDRESS	651 S.E. 1ST PLACE	
1.4 CITY-ST-ZIP	HIALEAH, FLA, 33010	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREGORIO SOSA	
2.3 STREET ADDRESS	9545 N.W. 32 PLACE	
2.4 CITY-ST-ZIP	MIAMI, FLA. 33147	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUANA L. BOFFILL	
3.3 STREET ADDRESS	7801 WEST 29TH WAY #102	
3.4 CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REINA CABALLERO	
4.3 STREET ADDRESS	6770 EVANS ST.	
4.4 CITY-ST-ZIP	HOLLYWOOD, FLA. 33024	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LUIS DELGADO	
5.3 STREET ADDRESS	6521 COWPEN ROAD, 6107	
5.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014	
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JANET P. MOREIRA	
6.3 STREET ADDRESS	956 CORDADO ST	
6.4 CITY-ST-ZIP	OPA LOCKA FLA, 33054	

14. I 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.

SIGNATURE: Rev Jose F. Bello / REV. JOSE F. BELLO 1/30/98 (305)6857566

CR2E037 (10/97)