

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90065 028 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 764354**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/29/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2280575	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BELLO, JOSE F. 651 S.E. 1ST PLACE HIALEAH FL 33010				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BELLO, JOSE F.	1.2 NAME	BELLO, JOSE F.
STREET ADDRESS	651 S.E. 1ST PLACE	1.3 STREET ADDRESS	10212 N.W. 125 ST.
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	HIALEAH GARDENS, FLORIDA 33018
TITLE	V-	2.1 TITLE	
NAME	GREGORIO, SOSA	2.2 NAME	
STREET ADDRESS	9545 N.E. 32ND PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	BORRILL, JUAN L.	3.2 NAME	CABALLERO, Reina
STREET ADDRESS	7801 WEST 29TH WAY #102	3.3 STREET ADDRESS	6770 EVANS STREET
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33024
TITLE	T	4.1 TITLE	T
NAME	CABALLERO, REINA	4.2 NAME	CASTILLO, JOSE
STREET ADDRESS	6770 EVANS STREET	4.3 STREET ADDRESS	7211 W. 24 AVE. APT. # 2387
CITY-ST-ZIP	HOLLYWOOD FL 33024	4.4 CITY-ST-ZIP	HIALEAH GARDENS, FLORIDA 33016
TITLE	TR	5.1 TITLE	TR
NAME	DELGADO, LUIS	5.2 NAME	BOFFILL, ESMERALDINO
STREET ADDRESS	6521 COWPEN ROAD, G107	5.3 STREET ADDRESS	7801 WEST 29TH WAY #102
CITY-ST-ZIP	MIAMI LAKES FL 33014	5.4 CITY-ST-ZIP	HIALEAH GARDENS, FLORIDA 33016
TITLE	TR	6.1 TITLE	TR
NAME	MOREIRA, JANET P.	6.2 NAME	MELON, ALBA
STREET ADDRESS	956 CODADAD ST	6.3 STREET ADDRESS	2780 W. 61 St. Hialeah, Florida
CITY-ST-ZIP	OPA LOCKA FL 33054	6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 5/10/99 DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)