

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90471 031 ****61.25



DOCUMENT # 764354
 1. Entity 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
 3300 NW. 135 Street

3. Mailing Address
 Same

Suite, Apt. #, etc.

04292005 Chg-NP CR2E037 (10/03)

City & State
 Miami florida

City & State

Zip Country
 33054 Dade

4. FEI Number
 59-2280575

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BELLO, JOSE F.
 10212 NW 125 STREET
 HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name
 JOSE F. BELLO

Street Address (P.O. Box Number is Not Acceptable)
 7141 MIAMI LAKES DRIVE #15

City MIAMI LAKES FL Zip Code 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jose F. Bello DATE 4/28/05

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, JOSE F. 10212 NW 125 ST HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREGORIO, SOSA 9545 N.E. 32ND PLACE MIAMI, FL 33147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELAGDO, NINOSKA 620 SE 8TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEIL, CELIDA 9160 BROAD MANOR RD MIAMI, FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MOREIRA, ELICIO 870 ORIENTAL BLVD OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bello Jose 7141 Miami Lakes Dr. # 15 Miami lakes fl. 33014 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delgado Ninoska 620 SE. 8th St Hialeah fl. 33010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bellido O'Neil 9160 N.W. Broad Man Miami, FL 33147 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] DATE 04/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #