

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90145 011 \*\*\*\*61.25

**DOCUMENT # 764354**

1. Entity Name

**BETESDA ASEMBLY OF GOD, INC.**



Principal Place of Business <b>3300 N.W. 135TH STREET OPA-LOCKA FL 33054</b>	Mailing Address <b>3300 N.W. 135TH STREET OPA-LOCKA FL 33054</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2280575</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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* / **Jose F. BELLO** DATE **7/27/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Jose F. Bello* / **JOSE F. BELLO** DATE **7/21/2003** DAYTIME PHONE # **305-556-1932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006625

CR2E037 (4/03)