## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008624

Entity Name: WORLDWIDE CHURCH OF BETHEL INC.

FILED Mar 11, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6590 SE 96TH AVE CENTER HILL, FL 33514 **Current Mailing Address: New Mailing Address:** 6590 SE 96TH AVENUE PO BOX 7692 CENTER HILL, FL 33514 ODESSA, TX 79760 FEI Number: 54-2039147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTERO, MANUEL A III 6590 SÉ 96TH AVE CENTER HILL, FL 33514 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition RODRIGUEZ (CHANCELOR, ANA L PHD THD Name: Name: Address: 6590 SE 96TH AVENUE Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: OTERO, NELLY A MD DD Name: Address: 6590 SE 96TH AVENUE Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition OTERO (CHAPLAIN), MANUEL A III PHD Name: OTERO III, MANUEL A PHD Name: 6590 SE 96TH AVENUE 6590 SE 96TH AVENUE Address: Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip: CENTER HILL, FL 33514 () Change () Addition Title: STD () Delete Title: Name: OTERO, JESSICA L Name: Address: 6590 SE 96TH AVENUE Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip: Title: Title: ( ) Delete () Change () Addition EULETT (PASTOR), JONATHAN L REV Name: Name: 6590 SE 96TH AVENUE Address: Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHAPLAIN MANUEL A. OTERO III, PHD D 03/11/2004

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

NOVAK, RICHARD DR

1812 MARSH ROAD, SUITE 6 - 2 WILMINGTON, DE 19810