

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010684

FILED
May 14, 2006
Secretary of State

Entity Name: NEW BETHEL HOUSE OF GOD INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 814
APOPKA, FL 32704

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 814
APOPKA, FL 32704

New Mailing Address:

FEI Number: 20-3662321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LN.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SMITH, STEPHINIE
Address: 1056 SHALE TRAIL ST.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: SMITH, DUKE
Address: 1056 SHALE TRAIL ST.
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: BAILEM, CLARA
Address: 5624 LAZOYA CT.
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: FOSSITT, LARACE
Address: 642 KENWICK CIR., APT 102
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: SAULSBERRY, ANGELA
Address: 2485 CARPENTER CEMEMTERY RD.
City-St-Zip: GRANRIDGE, FL 32442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: STEPHINIE SMITH

DIRE

05/14/2006

Electronic Signature of Signing Officer or Director

Date