

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010684

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

630 EMERALDA RD.#108
ORLANDO, FL 32808

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 ()

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: ED () Delete
Name: SMITH, STEPHANIE
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: WILLIAMS, CAMILLE
Address: 6512 WOODTHRUSH HILL
City-St-Zip: ORLANDO, FL 32810

Title: S () Delete
Name: HOLMES, ISABEL
Address: 6512 WOODTHRUSH HILL
City-St-Zip: ORLANDO, FL 32810

Title: AS () Delete
Name: BALIEM, CLARA
Address: 5624 LAJOYA CT.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: STEPHANIE SMITH

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date