

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010684

FILED  
Apr 30, 2012  
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  
**Name:** SMITH, STEPHANIE  
**Address:** 1056 SHALE TRAIL ST.  
**City-St-Zip:** APOPKA, FL 32703

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

**Title:** T  
**Name:** WILLIAMS, CAMILLE  
**Address:** 6512 WOODTHRUSH HILL  
**City-St-Zip:** ORLANDO, FL 32810

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHANIE SMITH

ED

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date