2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004889

FILED Jan 23, 2009 Secretary of State

Entity Name: BETHEL A.F.M. CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 195 HWY 4 WEST CENTURY, FL 32535 **Current Mailing Address: New Mailing Address:** P.O. BOX 1 CENTRUY, FL 32535 FEI Number: 59-3244807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOUNTAIN, RUSSELL 250 HILLTOP ROAD CENTURY, FL 32535 US 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: () Change () Addition () Delete FOUNTAIN, RUSSELL Name: Name: Address: 250 HILLTOP ROAD Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PHIFER, THOMAS Name: Address: 325 MARTIN LUTHER KING DRIVE Address: City-St-Zip: FLOMATON, AL 36441 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, CHARLES Name: Name: 140 HIGHWAY 4 WEST Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JACOBS, MARIE Name: 30 WEST MCCURDY STREET Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: Title: () Delete () Change () Addition MITCHELL, EDDIE Name: Name: 270 HILLTOP RD Address: Address: CENTURY, FL 32535 City-St-Zip: 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: CHARLES L. SCOTT D 01/23/2009