


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N19371 1. Entity Name BETHESDA TRUE HOLINESS CHURCH, INCORPORATED, OF DEERFIELD BEACH, FLORIDA	
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Principal Place of Business 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069	Mailing Address 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**



07022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2793866	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, ARTHUR L  
1260 S.W. 5TH AVE.  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Arthur L. Watson, PASTOR 07-01-05  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, ARTHUR L 1260 SW 5TH AVE. DEERFIELD BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WATSON, EDNA 1260 SW 5TH AVE. DEERFIELD BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, PATRICIA 4441 NW 34 STREET LAUDERDALE LAKE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, VELMA 1668 NW 17 AVE #2 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/05/05-80017-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur L. Watson, PASTOR 07-01-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #