


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90080 046 \*\*\*\*70.50

<b>DOCUMENT # N19371</b> 1. Entity Name BETHESDA TRUE HOLINESS CHURCH, INCORPORATED, OF DEERFIELD BEACH, FLORIDA					
Principal Place of Business 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069			Mailing Address 2600 HAMMONDVILLE RD SUITE 16 POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, ARTHUR L 1260 S.W. 5TH AVE. DEERFIELD BEACH, FL 33441			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 <i>Arthur L. Watson</i>		<i>Arthur L. Watson</i> (NOTE: Registered Agent signature required when reinstating)		01/09/06 DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, ARTHUR L		NAME		
STREET ADDRESS	1260 SW 5TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, EDNA		NAME		
STREET ADDRESS	1260 SW 5TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33411		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, PATRICIA		NAME		
STREET ADDRESS	4441 NW 34 STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKE, FL 33311		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, VELMA		NAME	<i>Velma Williams</i>	
STREET ADDRESS	1668 NW 17 AVE #2		STREET ADDRESS	<i>1668 NW 17th Ave # 2</i>	
CITY-ST-ZIP	<del>DEERFIELD BEACH, FL 33441</del> <i>Pompano Beach FL</i>		CITY-ST-ZIP	<i>Pompano Beach, FL 33069</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Arthur L. Watson</i>		<i>Arthur L. Watson</i> (NOTE: Registered Agent signature required when reinstating)		01/09/06 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				954-422-7072 Daytime Phone #	