


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N19371

1. Entity Name
BETHESDA TRUE HOLINESS CHURCH,
INCORPORATED, OF DEERFIELD BEACH, FLORIDA



Principal Place of Business 2600 HAMMONDVILLE RD SUITE 16 POMPAN0 BEACH, FL 33069	Mailing Address 2600 HAMMONDVILLE RD SUITE 16 POMPAN0 BEACH, FL 33069
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01252007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

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 DATE: 2/4/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000628353
02/16/07-80012-007 70.00

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 POMPAN0 BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Arthur L. Watson DATE: 2/4/07 DAYTIME PHONE #: 954.427.7072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR