



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	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
 01252007 No Chg-NP CR2E037 (4/06)			
4. FEI Number 59-2793866		Applied For <input type="checkbox"/> 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		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 <u>Arthur L. Watson, Pastor</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>2/4/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000628353 02/16/07-80012-007 70.00	
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	<h2>DO NOT WRITE IN THIS SPACE</h2>		
TITLE NAME STREET ADDRESS 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: <u>Arthur L. Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>2/4/07</u> DAYTIME PHONE # <u>954.427.7072</u>	