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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21385 (2)

1. Corporation Name
BETHEL ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
112 WEST MAIN STREET 112 WEST MAIN STREET
P.O. BOX 525 P.O. BOX 525
IMMOKALEE FL 33934-3927 IMMOKALEE FL 34143-0525

3. Date Incorporated or Qualified 06/30/1987 3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2772511 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 Zip Country 28 Zip Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
RINCON, JOSUE 803-LEE-STREET 604 Nassau Street IMMOKALEE FL 33934- 34142
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RINCON, JOSUE	1.1 TITLE	
NAME	803-LEE-STREET- IMMOKALEE FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	604 Nassau Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	SD DE LEON, MELINDA	2.1 TITLE	SD
NAME	2083 BELL CIRCLE IMMOKALEE FL	2.2 NAME	Gilbert Flores, Jr.
STREET ADDRESS		2.3 STREET ADDRESS	1302 Mimosa Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Immokalee, FL 34142
TITLE	TD ALVARADO, JORGE	3.1 TITLE	
NAME	5116 DEER RUN RD IMMOKALEE FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VILLA, JOSE	4.1 TITLE	
NAME	509 NEW MARKET RD. IMMOKALEE FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VILLA, ANICETO	5.1 TITLE	
NAME	507 NEW MARKET RD. IMMOKALEE FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ALVARADO, JORGE	6.1 TITLE	
NAME	5116 DEER RUN RD. IMMOKALEE FL	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Rev. Josue Rincon President 04/30/97 (941)657-8302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000522

CR2E037 (9/96)