

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21385 (2)**  
1. Corporation Name  
**BETHEL ASSEMBLY OF GOD, INC.**



Principal Place of Business <b>112 WEST MAIN STREET P.O. BOX 525 IMMOKALEE FL 33934-3927</b>	Mailing Address <b>112 WEST MAIN STREET P.O. BOX 525 IMMOKALEE FL 33934-3927</b>
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3. Date Incorporated or Qualified <b>06/30/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2772511</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**RINCON, JOSUE  
804 NASSAU STREET  
IMMOKALEE FL 34142**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RINCON, JOSUE	
STREET ADDRESS	804 NASSAU STREET	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, FLORES J	
STREET ADDRESS	1302 MINNOSA AVE.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALVARADO, JORGE	
STREET ADDRESS	5116 DEER RUN RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLA, JOSE	
STREET ADDRESS	509 NEW MARKET RD.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLA, ANICETO	
STREET ADDRESS	507 NEW MARKET RD.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVARADO, JORGE	
STREET ADDRESS	5116 DEER RUN RD.	
CITY-ST-ZIP	IMMOKALEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S Mary Ann Garcia
2.3 STREET ADDRESS	1213 Lee Street
2.4 CITY-ST-ZIP	Immokalee, FL 34142
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Dev Josue Rincon* 4/7/98 941 657 3874

CFR2037 (10/97)