

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90002 037 ****61.25

DOCUMENT # N21385

1. Entity Name

BETHEL ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

112 WEST MAIN STREET
 P.O. BOX 525
 IMMOKALEE FL 33934-3927

112 WEST MAIN STREET
 P.O. BOX 525
 IMMOKALEE FL 34143-0525

2. Principal Place of Business

1225 W. Main Street
 Suite, Apt. #, etc.

3. Mailing Address

1225 W. Main Street
 Suite, Apt. #, etc.

City & State

Immokalee, FL

City & State

Immokalee, FL

4. FEI Number

59-2772511

Applied For

Not Applied For



DO NOT WRITE IN THIS SPACE

Zip
34142

Country
USA

Zip
34142

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINCON, JOSUE
 604 NASSAU STREET
 IMMOKALEE FL 34142

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME RINCON, JOSUE
 STREET ADDRESS 604 NASSAU STREET
 CITY-ST-ZIP IMMOKALEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME GRACIA, MARY ANN
 STREET ADDRESS 1213 LEE STREET
 CITY-ST-ZIP IMMOKALEE FL 34142

TITLE S Change Addition
 NAME Garcia, Mary Ann
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME ALVARADO, JORGE
 STREET ADDRESS 5116 DEER RUN RD
 CITY-ST-ZIP IMMOKALEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME VILLA, JOSE
 STREET ADDRESS 509 NEW MARKET RD.
 CITY-ST-ZIP IMMOKALEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME VILLA, ANICETO
 STREET ADDRESS 507 NEW MARKET RD.
 CITY-ST-ZIP IMMOKALEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ALVARADO, JORGE
 STREET ADDRESS 5116 DEER RUN RD.
 CITY-ST-ZIP IMMOKALEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (941) 657 8302

Date

Daytime Phone #