


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N21385
 1. Entity Name
BETHEL ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address
 1225 W. MAIN ST 1225 W. MAIN ST
 IMMOKALEE FL 34142 IMMOKALEE FL 34142

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2772511**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RINCON, JOSUE
604 NASSAU STREET
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RINCON, JOSUE	
STREET ADDRESS	604 NASSAU STREET	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MELINDA	
STREET ADDRESS	P.O. BOX 3043	
CITY-ST-ZIP	IMMOKALEE FL 34143	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000194104	
CITY-ST-ZIP	01/25/05-80087-005 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.

SIGNATURE:  **REV. JOSUE RINCON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 (239) 6578302
Date Daytime Phone #