


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

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

|   |   |
|---|---|
| <b>DOCUMENT # N21385</b>                              |  |
| <b>1. Entity Name</b><br>BETHEL ASSEMBLY OF GOD, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>1225 W. MAIN ST<br>IMMOKALEE FL 34142 | <b>Mailing Address</b><br>1225 W. MAIN ST<br>IMMOKALEE FL 34142 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



1st MOORE CR2E037 (10/04)

|  |                               |
|--|-------------------------------|
| <b>4. FEI Number</b><br>59-2772511   | Applied For<br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                               |
| <b>6. Name and Address of Current Registered Agent</b><br>RINCON, JOSUE<br>604 NASSAU STREET<br>IMMOKALEE FL 34142 |                               |

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>RINCON, JOSUE<br>604 NASSAU STREET<br>IMMOKALEE FL <input type="checkbox"/> Delete       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>HERNANDEZ, MELINDA<br>P.O. BOX 3043<br>IMMOKALEE FL 34143 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000000194104 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>01/25/05-80087-005 70.00 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br>ALVARADO, JORGE<br>5116 DEER RUN RD<br>IMMOKALEE FL <input type="checkbox"/> Delete      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>VILLA, JOSE<br>509 NEW MARKET RD.<br>IMMOKALEE FL <input type="checkbox"/> Delete         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>VILLA, ANICETO<br>507 NEW MARKET RD.<br>IMMOKALEE FL <input type="checkbox"/> Delete      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ALVARADO, JORGE<br>5116 DEER RUN RD.<br>IMMOKALEE FL <input type="checkbox"/> Delete      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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 report, with all other like empowered.**

**SIGNATURE:**  **REV. JOSUE RINCON** **1/20/05 (239) 6578302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #