


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 036 ****61.25

DOCUMENT # N21385

1. Entity Name
BETHEL ASSEMBLY OF GOD, INC.




Principal Place of Business
**1225 W. MAIN ST
 IMMOKALEE, FL 34142**

Mailing Address
**1225 W. MAIN ST
 IMMOKALEE, FL 34142**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



05102006 Chg-NP CR2E037 (4/06)

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

Filing Fee is \$61.25
Due by September 6, 2006

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINCON, JOSUE	
STREET ADDRESS	1010 MONROE, ST.	
CITY-ST-ZIP	IMMOKALEE, FL. 34142	
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		
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 exemptions contained in Chapter 119, 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 I/we empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **5/10/06** Daytime Phone #: **239-697-8302**