

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

2007 OCT 19 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1225 W. MAIN ST IMMOKALEE, FL 34142	Mailing Address 1225 W. MAIN ST IMMOKALEE, FL 34142
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10102007 REIN-NP CR2E099 (1/07)

City & State	City & State
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4. FEI Number 59-2772511	Applicant For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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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 date of jurisdiction. (NOTE: Registered Agent signature required when reinstating)) Date _____

FILE NOW!!! FEE IS \$81.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINCON, JOSUE 1010 MONROE ST. IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, MELINDA P.O. BOX 3043 IMMOKALEE, FL 34143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARADO, JORGE 5116 DEER RUN RD IMMOKALEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, JOSE 509 NEW MARKET RD. IMMOKALEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, ANICETO 507 NEW MARKET RD. IMMOKALEE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, JORGE 5116 DEER RUN RD. IMMOKALEE, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rincon, Josue <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1102 Bush Street E. Immokalee, Fl. 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000111015080 10/19/07--01055--001 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 or without, like empowered.

SIGNATURE: *Josue Rincon* **Rev. Josue Rincon** Date: 10/12/07 Daytime Phone #: 239-657-830

10/22
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