



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N21385</b>							
1. Entity Name <b>BETHEL ASSEMBLY OF GOD, INC.</b>							
Principal Place of Business <b>1225 W. MAIN ST IMMOKALEE, FL 34142</b>			Mailing Address <b>1225 W. MAIN ST IMMOKALEE, FL 34142</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01222008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-2772511</b>	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>RINCON, JOSUE 604 NASSAU STREET IMMOKALEE, FL 34142</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RINCON, JOSUE		NAME				
STREET ADDRESS	1102 BUSH STREET E.		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HERNANDEZ, MELINDA		NAME				
STREET ADDRESS	P.O.BOX 3043		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL 34143		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALVARADO, JORGE		NAME				
STREET ADDRESS	5116 DEER RUN RD		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VILLA, JOSE		NAME				
STREET ADDRESS	509 NEW MARKET RD.		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VILLA, ANICETO		NAME				
STREET ADDRESS	507 NEW MARKET RD.		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALVARADO, JORGE		NAME				
STREET ADDRESS	5116 DEER RUN RD.		STREET ADDRESS				
CITY-ST-ZIP	IMMOKALEE, FL		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 names empowered.							
SIGNATURE: 		Rev. Josue Rincon		1/30/2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

