

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21385

FILED
Aug 12, 2009
Secretary of State

Entity Name: BETHEL ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1225 W. MAIN ST
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1225 W. MAIN ST
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 59-2772511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RINCON, JOSUE
604 NASSAU STREET
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RINCON, JOSUE
Address: 1102 BUSH STREET E.
City-St-Zip: IMMOKALEE, FL 34142

Title: S () Delete
Name: HERNANDEZ, MELINDA
Address: P.O.BOX 3043
City-St-Zip: IMMOKALEE, FL 34143

Title: TD () Delete
Name: ALVARADO, JORGE
Address: 5116 DEER RUN RD
City-St-Zip: IMMOKALEE, FL

Title: D () Delete
Name: VILLA, JOSE
Address: 509 NEW MARKET RD.
City-St-Zip: IMMOKALEE, FL

Title: D () Delete
Name: VILLA, ANICETO
Address: 507 NEW MARKET RD.
City-St-Zip: IMMOKALEE, FL

Title: D () Delete
Name: ALVARADO, JORGE
Address: 5116 DEER RUN RD.
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JOSUE RINCON

PD

08/12/2009

Electronic Signature of Signing Officer or Director

_____ Date