FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N42311

(3)

BETHESDA PENTECOSTAL CHURCH, INC.

incipal Place of Business	Mailing Address
96 17TH AVENUE, SOUTHWEST	5296 17TH AVENUE, SOUTHWEST
APLES FL 33999	NAPLES FL 34116-5663

FILED Apr 21 1997 8:00am Secretary of State



NAPLES FL 33	888	NAPLES FL 34116-5663					
					3. Date Incorporated or Qualified 03/01/1991	3a. Date of Last 04/24/1	Report 1 996
2. Principal P	lace of Business	2e. Mailing Address			4. FEI Number NOT APPLICABLE) A	Applied For
21		26			NOT APPLICABLE		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional
22		City & State					Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Col	untry			to Fees
24	25	⊢ `	30	o italy	8. This corporation has liability for i	Yes Wo	s. 199.032,
	9. Name and Address of Curren		30		10. Name and Address of New Re		
				81 Name	44600		
WORD,	LARRY				AKKY WORD	Ia\	
4543 19				34	Address (P.O. Box Number is Not Acceptab	ie)	
#A2				83			
NAPLES	S FL 33999			04 03	<u> </u>	11 -:	6
75 11 22-1				84 City	aples	FL 85 3	Code 4/20
office or r agent. I a	egistered agent, or both, in the State m familiar with and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Flo	es, the a tuthorize orida Sta	inove-named d	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing	its registered
SIGNATURE	Signature, Wheel or physical registered age		: Registere	ed Agent signature r	required when reinstating)	DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.11	TILE		☐ Change	Addition
NAME	DEMOSTHENES, SANDRA		1.21	NAME .			
STREET ADDRESS	5296 17TH AVE, S.W		1.3 9	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.40	CITY+ST-ZIP			
TITLE	D	DELETE	217	TILE		☐ Change	Addition
NAME	TROUTMAN, LORETTA		2.2 N	IAME			
STREET ADDRESS	5296 17TH AVENUE SW		2.3 5	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2.4	CITY-ST-ZIP			
TITLE	1	☐ DELETE	3.11	ITLE		Change	Addition
NAME	ROWLES, RUBIN		3.2 N	IAME			
STREET ADDRESS	731 18TH SE		3.3 S	STREET ADDRESS			1
CITY-ST-ZIP	NAPLES FL		_	CITY-ST-ZIP			
TITLE	P NACH POREDTA DES	☐ DELETE	4.1 T			☐ Change	☐ Addition
NAME	NASH, ROBERT L REV			NAME	•		
STREET ADDRESS	5296 17TH AVE, SW		4.3 S	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	FT		XTY-ST-ZIP			
TITLE		☐ DELETE	5.1 ₹	Į.		Change	Addition
NAME				HAME			
STREET ADDRESS			5.3 9	STREET ADDRESS			
CITY-ST-ZIP		TT or ove		CITY-ST-ZIP		T &	
TITLE		DELETE	6.1 T			☐ Change	Addition
NAME	1		6.2 N	\ \			Ţ
STREET ADDRESS			6.3 8	STREET ADDRESS			1
CITY-ST-ZIP		1 11 11 11 111		CHY-ST-ZIP		- 1.6 Al	
14. I do heret	by certify that the information supplied	I with this filing does not qualif	y for the	exemption sta	ated in Section 119.07(3)(i), Florida Statute:	s. I further certify that	nder oath: that

1 do neeply certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changod, or on an attachment with an address.

when on I will we