

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 043 ****61.25



DOCUMENT # N42565
 1. Entity Name
BETHESDA PENTECOSTAL CHURCH OF GOD IN CHRIST JESUS, INC.

Principal Place of Business Mailing Address
 2665 SW 2ND CT 2665 SW 2ND CT
 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312
 US US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
603 Tumbler King *3652 Conibear St*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Port St Lucie *Port St Lucie*
 City & State City & State
Florida *Florida*

Zip Country Zip Country
34982 *St Lucie* *34953* *Florida*

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAKER, ELVETA
2665 S.W. 2ND COURT
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name *Rev Elveta Baker*
 Street Address (P.O. Box Numbers Not Acceptable) *3652 SW Conibear St*
Port St Lucie
 City *Florida* FL Zip Code *34953*

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BAKER, ELVETA	3652 SW CONIBEAR ST.	PORT ST. LUCIE FL 34953	<input type="checkbox"/>
D	BAKER, CARLTON	3652 SW CONIBEAR ST.	PORT ST. LUCIE FL 34953	<input type="checkbox"/>
D	ROME, DIAN	3652 SW CONIBEAR ST.	PORT ST. LUCIE FL 34953	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

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

H-25-07