2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50957

FILED Mar 19, 2009 Secretary of State

Entity Name: BETHANY PENTECOSTAL CHURCH INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	9TH AVE DERDALE, FL	333095053 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7220 NW LAUDERI	54 CT HILL, FL 3331	96348 US			
FEI Numbei	r: 65-0362958	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
7220 NW LAUDERH	HILL, FL 3331				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both	
SIGNATU					
Electronic Signature of Registered Agent			gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	BARROS, MAI 1265 SW 46T) Delete NUELA H AVE APT 2201 EACH, FL 330690958	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DASILVA, VAN 7220 NW 54T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	COPQUE, DO 116 LAKE EM) Delete RCAS ERALD DR APT 207 RK, FL 333096261	Title: Name: Address: City-St-Zip:	() Change () Addition	
) Delete	Title:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ANA CECILIA, 121 NE 25TH	ARGUETA	Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address:	ANA CECILIA, 121 NE 25TH POMPANO BE 1D (OCHOA, DELI 805 W OAKLA	ARGUETA CT EACH, FL 330643855) Delete	Address:	() Change () Addition	

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: ERONIDES DASILVA PR 03/19/2009