


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # N51399 1. Entity Name BETHEL HOUSE OF GOD CHURCH, INC.	
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Principal Place of Business 516 N W 4TH AVE HALLANDALE, FL 33009-3310	Mailing Address 516 N W 4TH AVE HALLANDALE, FL 33009-3310
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DO NOT WRITE IN THIS SPACE

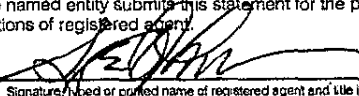


05052005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, STEPHEN E 516 NW 4TH AVENUE HALLANDALE, FL 33009	DO NOT WRITE IN THIS SPACE
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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  DATE 5/6/05

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

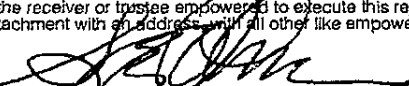
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP JOHNSON, STEPHEN E 516 N.W. 4TH AVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MAYS, TANYA 4267 N.W. 42ND TERR. COCONUT CREEK, FL 33010
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT HEPBURN, VENICE 3199 FOXCROFT RD., #112 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LAVETTE, MARIO 6545 S.W. 21ST STREET MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CLARKE, PETER 6115 NW 186 STREET, #210 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

000000369238
06/08/05-80006-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  5/6/05 9548126664

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #