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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004049

1. Corporation Name

BETHEL ASSEMBLY OF GOD OF MOUNT DORA, INC.

322928 - 90032 - 46

Principal Place of Business

1400 CAMP AVE  
MOUNT DORA FL

Mailing Address

P.O. BOX 515  
MOUNT DORA FL 32757



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number  
59-2867493

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLARK, BRUCE W  
1400 CAMP AVE  
MOUNT DORA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bruce W Clark*  
Signature, typed or printed name of registered agent and title if applicable.

*Bruce W Clark*  
(NOTE: Registered Agent signature required when reinstating)

5/6/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRUCE CLARK W.  
STREET ADDRESS 1400 CAMP AVE.  
CITY-ST-ZIP MT. DORA FL 32757

TITLE PD  
NAME GEBHARDT KARL  
STREET ADDRESS 32540 APPALOOSA TRAIL  
CITY-ST-ZIP SORRENTO FL 32776

TITLE SD  
NAME MOSS, DEBORAH  
STREET ADDRESS 829 E 11TH AVE  
CITY-ST-ZIP MT DORA FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Mark Henderson Deacon  
2.2 NAME  
2.3 STREET ADDRESS 38343 Lake Abrams Rd.  
2.4 CITY-ST-ZIP EUSTIS, FL 32726

3.1 TITLE Deacon  
3.2 NAME Ed Brown  
3.3 STREET ADDRESS 380 N. DORA AVE  
3.4 CITY-ST-ZIP MOUNT DORA, FL 32776

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce W Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99 352-383-5101  
Date Daytime Phone #

CR2E037 (1/198)