

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90082 008 ****61.25

DOCUMENT # N93000004049

1. Entity Name

BETHEL ASSEMBLY OF GOD OF MOUNT DORA, INC.

Principal Place of Business

Mailing Address

1400 CAMP AVE
 MOUNT DORA FL

P.O. BOX 515
 MOUNT DORA FL 32756-0515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2867493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, BRUCE W
1400 CAMP AVE
MOUNT DORA FL

Name

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

City

FL

Zip Code

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.

SIGNATURE

Bruce W Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HENDERSEN, MARK**
 STREET ADDRESS **38343 LAKE NORRIS RD**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE Change Addition
 NAME **Broom, Ed**
 STREET ADDRESS **380 N. Dora Ave**
 CITY-ST-ZIP **TAVANES, FL 32778**

TITLE Delete
 NAME **D BROM, ED**
 STREET ADDRESS **380 N DORA AVE**
 CITY-ST-ZIP **TAVANES FL 32778**

TITLE Change Addition
 NAME **Koeman, Terrance**
 STREET ADDRESS **4301 N Hwy 19A Lot 270**
 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)