

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2001 08:00 AM
Secretary of State

DOCUMENT # N93000004049

1. Entity Name
 BETHEL ASSEMBLY OF GOD OF MOUNT DORA, INC.

Principal Place of Business
 1400 CAMP AVE
 MOUNT DORA FL MOUNT DORA FL
 32757

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
59-2867493
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 CLARK BRUCE W
 1400 CAMP AVE
 MOUNT DORA FL
 US

7. Name and Address of New Registered Agent
 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 _____ DATE **08/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE D <input type="checkbox"/> Delete	NAME KOEMAN TERRANCE STREET ADDRESS 4301 N HWY 19A LOT 70 CITY-ST-ZIP MOUNT DORA FL 32757
TITLE D <input type="checkbox"/> Delete	NAME BROM ED STREET ADDRESS 380 N DORI AVE CITY-ST-ZIP TAVANES FL 32778
TITLE D <input type="checkbox"/> Delete	NAME BROOM ED STREET ADDRESS 380 N DORA AVE CITY-ST-ZIP TAVARES FL 32778
TITLE PD <input type="checkbox"/> Delete	NAME BRUCE CLARK W. STREET ADDRESS 1400 CAMP AVE. CITY-ST-ZIP MT. DORA FL 32757
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CLARK, JR. STERLING RDEACON STREET ADDRESS 28 CASSIDY ST CITY-ST-ZIP UMATILLA FL 32784
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MARSHALL LELA KDEACON STREET ADDRESS 19407 SUNSET STRIP CITY-ST-ZIP ALTOONA FL 32702
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BROOM ED DEACON STREET ADDRESS 380 N DORA AVE CITY-ST-ZIP TAVARES FL 32778
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CLARK BRUCE WPASTOR STREET ADDRESS 1400 CAMP AVE. CITY-ST-ZIP MT. DORA FL 32757
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Bruce W. Clark PD 08/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)