

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 08, 2004
Secretary of State**

DOCUMENT# N93000004049

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

Current Principal Place of Business:

1400 CAMP AVE
MOUNT DORA, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 515
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2867493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, BRUCE W
1400 CAMP AVE
MOUNT DORA, FL US

Name and Address of New Registered Agent:

CLARK, BRUCE W
1400 CAMP AVE
MOUNT DORA, FL 32757 US

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: _____

Electronic Signature of Registered Agent

08/08/2004

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, BRUCE W PASTOR
Address: 1400 CAMP AVE.
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: MARSHALL, LELA K DEACON
Address: 19407 SUNSET STRIP
City-St-Zip: ALTOONA, FL 32702 US

Title: D () Delete
Name: BONSER, JOHN
Address: 511 LILLIAN CIRCLE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BONSER, ROSALIND
Address: 511 LILLIAN CIRCLE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAW, BRENDA DEACON
Address: 2677 WINCHESTER CIRCLE ESTATES
City-St-Zip: EUSTIS, FL 32726 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. BRUCE W. CLARK

Electronic Signature of Signing Officer or Director

PD

08/08/2004

Date