## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000004049

Oct 18, 2005 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1400 CAMP AVE MOUNT DORA, FL **Current Mailing Address: New Mailing Address:** P.O. BOX 515 MOUNT DORA, FL 32757 FEI Number: 59-2867493 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: 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: BRUCE W. CLARK Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CLARK, BRUCE W PASTOR CLARK, BRUCE W SPASTOR Name: Name: 1400 CAMP AVE Address: 1400 CAMP AVE. Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757 Title: () Delete Title: (X) Change ( ) Addition LAW, BRENDA DEACON Name: PELFREY, MARVOLENE DEACON Name: Address: 2677 WINCHESTER CIRCLE ESTATES Address: 19828 BAY LAKE RD. City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: EUSTIS, FL 32726 US Title: () Delete Title: (X) Change ( ) Addition BONSER, JOHN BONSER, JOHN DEACON Name: Name: 511 LILLIAN CIRCLE Address: Address: 511 LILLIAN CIRCLE City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 US Title: () Delete Title: (X) Change ( ) Addition Name: BONSER, ROSALIND Name: BONSER, ROSALIND DEACON 511 LILLIAN CIRCLE Address: 511 LILLIAN CIRCLE Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 US Title: () Delete Title: ( ) Change (X) Addition JOHNSON, TERRI DEACON Name: Name: 2801 LAKE LOUISE DR. Address: Address: City-St-Zip: City-St-Zip: EUSIS, FL 32726 US Title: () Delete Title: ( ) Change (X) Addition GIRARD, DENNIS E APASTOR Name: Name:

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.

Address:

City-St-Zip:

11346 CIRCLE WAY

LEESBURG, FL 34748 US

SIGNATURE: DENNIS E. GIRARD AP 10/18/2005

Address:

City-St-Zip: