

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004049

FILED  
Jan 06, 2006  
Secretary of State

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:**

1400 CAMP AVE  
MOUNT DORA, FL 32757

**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 32757      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: D      ( ) Delete  
Name: PELFREY, MARVOLENE DEACON  
Address: 19828 BAY LAKE RD.  
City-St-Zip: EUSTIS, FL 32726 US

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

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

Title: D      ( ) Delete  
Name: JOHNSON, TERRI DEACON  
Address: 2801 LAKE LOUISE DR.  
City-St-Zip: EUSIS, FL 32726 US

Title: AP      ( ) Delete  
Name: GIRARD, DENNIS E APASTOR  
Address: 11346 CIRCLE WAY  
City-St-Zip: LEESBURG, FL 34748 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 Chapter 119, 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: DENNIS E. GIRARD

APAS

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date