



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004049 1. Entity Name BETHEL ASSEMBLY OF GOD OF MOUNT DORA, INC.	
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Principal Place of Business 1400 CAMP AVE MOUNT DORA, FL 32757	Mailing Address P.O. BOX 515 MOUNT DORA, FL 32757
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DO NOT WRITE IN THIS SPACE

	
07022007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2867493	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CLARK, BRUCE W SPASTOR 1400 CAMP AVE. MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELFREY, MARVOLENE DEACON 19828 BAY LAKE RD. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONSER, JOHN DEACON 511 LILLIAN CIRCLE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONSER, ROSALIND DEACON 511 LILLIAN CIRCLE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TERRI DEACON 2801 LAKE LOUISE DR. EUSIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP GIRARD, DENNIS E APASTOR 11346 CIRCLE WAY LEESBURG, FL 34748

U00000767030
07/05/07-80008-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-2-7
Daytime Phone #: 352 735-7166