

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004049

FILED
Jan 19, 2008
Secretary of State

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

Current Principal Place of Business:

1400 CAMP AVE
MOUNT DORA, FL 32757

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 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:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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 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

01/19/2008

Electronic Signature of Signing Officer or Director

_____ Date