

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002666 (3)

1. Corporation Name

BETHEL ASSEMBLY OF GOD CHURCH, INC.



Principal Place of Business

Mailing Address

PO BOX 1028
INTERLACHEN FL 32148

PO BOX 1028
INTERLACHEN FL 32148-1028

3. Date Incorporated or Qualified
05/20/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Bethel A/G Church Inc
Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 119 CR 315 N
City & State

27 City & State

23 Interlachen FL
City & State

28 City & State

24 32148 Country
25 Pohnani

29 Zip Country
30

4. FEI Number
59-2477132
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, JERRY
129 N COUNTY ROAD 315
INTERLACHEN FL

81 Name Jerry Foster
82 Street Address (P.O. Box Number is Not Acceptable)
119 CR 315 N
83
84 City Interlachen FL 85 Zip Code 32148

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOBLEY, BOBBY L	
STREET ADDRESS	111 CRESTWOOD DRIVE	
CITY - ST - ZIP	INTERLACHEN FL 32148	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAINWRIGHT,	
STREET ADDRESS	PO BOX 183 N/A	
CITY - ST - ZIP	INTERLACHEN FL 32138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, JERRY	
STREET ADDRESS	RT 4, BOX 458	
CITY - ST - ZIP	INTERLACHEN FL 32148	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, CARL	
STREET ADDRESS	PO BOX 248 N/A	
CITY - ST - ZIP	FLORAHOME FL 32140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Harrison	
4.3 STREET ADDRESS	Rt. 2 Box 497D N/A	
4.4 CITY - ST - ZIP	Interlachen FL 32148	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TROY weaver	
5.3 STREET ADDRESS	127 OAK Drive	
5.4 CITY - ST - ZIP	Interlachen FL 32148	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Foster / JERRY FOSTER 2/24/97 (904)684-6178

CR2E037 (9/96)