


FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002666

1. Corporation Name
BETHEL ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business BETHEL A/G CHURCH INC 119 CR 315 N INTERLACHEN FL 32148 US	Mailing Address PO BOX 1028 INTERLACHEN FL 32148
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2477138
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOSTER, JERRY 119 CR 315 N INTERLACHEN FL 32148		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, BOBBY L	1.2 NAME	
STREET ADDRESS	111 CRESTWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, LLOYD	2.2 NAME	Dewey Blount
STREET ADDRESS	231 DAVID AVE	2.3 STREET ADDRESS	P.O. Box 403
CITY-ST-ZIP	INTERLACHEN FL 32148	2.4 CITY-ST-ZIP	Interlachen FL 32148
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JERRY	3.2 NAME	
STREET ADDRESS	139 MANGLES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, BILL	4.2 NAME	Mike Brady
STREET ADDRESS	161 PINE DR	4.3 STREET ADDRESS	23003 NG 112 St.
CITY-ST-ZIP	INTERLACHEN FL	4.4 CITY-ST-ZIP	St. Meloy FL 32134
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, TROY	5.2 NAME	
STREET ADDRESS	127 OAK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Jerry Foster / JERRY FOSTER (SECRETARY) FEB. 1, 1999 (904) 684-6178

CR2E037 (11/98)