2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# N96000002666

Entity Name: BETHEL ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

119 CR 315 N
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1028
INTERLACHEN, FL 32148

New Mailing Address:

119 CR 315 N
INTERLACHEN, FL 32148

FEI Number: 59-2477138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, JERRY
139 MANGLES DRIVE
INTERLACHEN, FL 32148 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: PD ( ) Delete
Name: MCCOLLEY, MICHAEL PASTOR
Address: 107 DOTTIE CT.
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: THORNROSE, BOBB SEC.
Address: PO BOX 1277
City-St-Zip: HAWTHORNE, FL 32640

Title: DT ( ) Delete
Name: FOSTER, JERRY TREAS.
Address: 139 MANGLES DR
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: MULLINS, JOEY
Address: 428 MICHAEL AVE.
City-St-Zip: INTERLACHEN, FL 32148

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: JERRY FOSTER TREA 02/16/2006

Electronic Signature of Signing Officer or Director Date