

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002666

FILED
Mar 13, 2008
Secretary of State

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:

119 CR 315 N
INTERLACHEN, FL 32148

New Mailing Address:

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 TREAS.
139 MANGLES DRIVE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

JAMMES, DALE ADMAS
119 CR 315 N
INTERLACHEN, FL 32148 US

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: DALE JAMMES

03/13/2008

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: NESTOR, SUE SEC.
Address: 219 DREW ST.
City-St-Zip: INTERLACHEN, FL 32148

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

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

Title: D () Delete
Name: COWART, BRENDA
Address: 861 LAKE KEMPTON DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: CUPPLES, RALPH
Address: 100 KENWOOD BOAT RAMP RD.
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NESTOR, SUE B SEC.
Address: 219 DREW ST.
City-St-Zip: INTERLACHEN, FL 32148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THORNROSE, ROBERT A
Address: PO BOX 1277
City-St-Zip: HAWTHORNE, FL 32640

Title: D (X) Change () Addition
Name: DOUGHTY, JACK
Address: 524 SHEILA AVE
City-St-Zip: INTERLACHEN, FL 32148

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: SUE B. NESTOR

SEC

03/13/2008

Electronic Signature of Signing Officer or Director

Date