
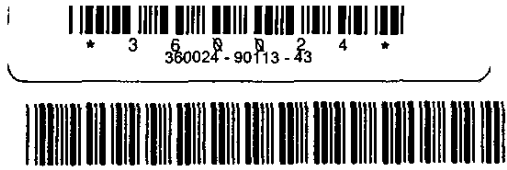


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90113 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005494		
1. Corporation Name BETHEL ASSEMBLY OF GOD OF OKEECHOBEE, INC.		
Principal Place of Business P.O. BOX 1229 OKEECHOBEE FL 34973	Mailing Address P.O. BOX 1229 OKEECHOBEE FL 34973	



2. Principal Place of Business 21 1109 SE 7th Street	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0879217
City & State 23 Okeechobee, FL	City & State 28	Applied For Not Applicable
Zip 24 34974	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent LAMB, C E 3617 S.W. 13TH TERRACE. OKEECHOBEE FL 34973		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent
		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, C E	1.2 NAME	
STREET ADDRESS	3617 S.W. 13TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, LOWELL H	2.2 NAME	
STREET ADDRESS	32801 HIGHWAY 441 N. LOT #61	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURK, DONALD D	3.2 NAME	
STREET ADDRESS	402 S.W. 11TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIOSCHI, EUGENE M.	4.2 NAME	
STREET ADDRESS	32801 HIGHWAY 441 N. LOT 268	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARNER, JAMES R	5.2 NAME	
STREET ADDRESS	1110 N.W. 5TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, DONALD E	6.2 NAME	
STREET ADDRESS	2075 S.W. 21ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	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)(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, with all other like empowered.

SIGNATURE: *C. E. Lamb* **BEQUIRED Lamb** 4/11/99 (941) 467-0123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)