


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90112 025 \*\*\*\*70.00

<b>DOCUMENT # N98000005494</b> 1. Entity Name <b>BETHEL ASSEMBLY OF GOD OF OKEECHOBEE, INC.</b>					
Principal Place of Business 1109 SE 7TH ST. OKEECHOBEE, FL 34974			Mailing Address PO BOX 1229 OKEECHOBEE, FL 34973		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0879217</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
-- 6. Name and Address of Current Registered Agent				-- 7. Name and Address of New Registered Agent	
<b>LAMB, C. EDWARD</b> <b>3617 S.W. 13TH TERRACE</b> <b>OKEECHOBEE, FL 34974</b>				Name <b>BRANHAM, Deborah</b> Street Address (P.O. Box Number is Not Acceptable) <b>8005 S.W. 21st PARKWAY</b> City <b>OKEECHOBEE</b> FL Zip Code <b>34974</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Deborah Branhram Chairman</u> DATE <u>4-9-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMB, C. EDWARD 3617 S.W. 13TH TERRACE OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D BRANHAM, Deborah 8005 SW 21st PKwy. Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLANKE, RALPH 4477 SE 22ND COURT OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANHAM, DEBORAH 8005 SW 21ST PARKWAY OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLANKE, JEAN 4477 SE 22ND COURT OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, BERTHA 899 NE 46TH TERRACE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Deborah Branhram</u> <u>4-9-06</u> <u>863-763-6583</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					