

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006068

FILED
Apr 28, 2009
Secretary of State

Entity Name: IGREJA BETHEL, INC.

Current Principal Place of Business:

4825 E. BAY DRIVE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

4825 E. BAY DRIVE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3574143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZ DA SILVA, JOSE JR.
1784 SPLIT FORK DR
OLDSMAR, FL 34677 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: VAZ DA SILVA, JOSE JR.
Address: 1784 SPLIT FORK DR
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: REZENDE, WALLACE
Address: 1713 10 STREET, S.W.
City-St-Zip: LARGO, FL 33778

Title: SD () Delete
Name: GAITAN, DAMIAN
Address: 2702 BIG PINE DR
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: DURAND, DELCIO
Address: 2553 STONYBROOK LANE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: SANTOS, ROBERTO
Address: 3718 138TH AVE. NORTH
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: SANTOS, ETELVINO
Address: 1905 CASTLE BAY COURT
City-St-Zip: OLDSMAR, FL 34677

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

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

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: JOSE JR VAZ DA SILVA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date