

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21385

Entity Name: BETHEL ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1225 W. MAIN ST
IMMOKALEE, FL 34142

Current Mailing Address:

1225 W. MAIN ST
IMMOKALEE, FL 34142

FEI Number: 59-3722326

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RINCON, JOSUE
1212 LEE STREET
IMMOKALEE, FL 34142 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name RINCON, JOSUE
Address 1212 LEE STREET
City-State-Zip: IMMOKALEE FL 34142

Title SECRETARY
Name GUTIEREZ, OLGA R
Address 509 N. 11TH STREET
City-State-Zip: IMMOKALEE FL 34142

Title VP
Name RINCON, CENOBIA
Address 1212 LEE STREET
City-State-Zip: IMMOKALEE FL 34142

Title TREASURER
Name RODRIGUEZ, SANDRA
Address 1240 MADISON CT
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name VILLA, RIGOBERTO
Address 1202 IMMOKALEE DR
City-State-Zip: IMMOKALEE FL 34142

Title OFFICER/DIRECTOR
Name RINCON, JOSUE JR.
Address 1216 LEE STREET
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name CASTANEDA, YEIMI Y
Address 1145 BUSH ST E.
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR
Name VILLA, ADOLFO
Address 811 W. JEFFERSON AVE.
City-State-Zip: IMMOKALEE FL 34142

I hereby 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 all other like empowered.

SIGNATURE: JOSUE RINCON

PD

04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date