

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004049

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3156281331**

**Entity Name:** BETHEL ASSEMBLY OF GOD OF MOUNT DORA, INC.

**Current Principal Place of Business:**

1400 CAMP AVE.  
MOUNT DORA, FL 32757

**Current Mailing Address:**

P.O. BOX 515  
MOUNT DORA, FL 32757 US

**FEI Number: 59-2867493**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WALKER, CHARLES ESPASTOR  
1400 CAMP AVE.  
MOUNT DORA, FL 32757 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           REV.  
Name           WALKER, CHARLES ESPASTOR  
Address        1400 CAMP AVE.  
City-State-Zip: MT. DORA FL 32757

Title           D  
Name           PELFREY, MARVOLENE DEACON  
Address        19828 BAY LAKE RD.  
City-State-Zip: EUSTIS FL 32726

Title           D  
Name           BONSER, JOHN DEACON  
Address        511 LILLIAN CIRCLE  
City-State-Zip: EUSTIS FL 32726

Title           D  
Name           ROSALIND, BONSER DEACON  
Address        511 LILLIAN CIRCLE  
City-State-Zip: EUSTIS FL 32726

*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: CHARLES E. WALKER**

**SENIOR PASTOR**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date