


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 AM 10:49

CR2E037 (5/98)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724684 (6)
1. Corporation Name
BETHEL MISSIONARY BAPTIST CHURCH, INC., MIAMI, F

REINSTATEMENT 98-00



Principal Place of Business 14440 LINCOLN BOULEVARD MIAMI FL 33178	Mailing Address 14440 LINCOLN BOULEVARD MIAMI FL 33178
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3. Date Incorporated or Qualified 10/31/1972	4. FEI Number 59-2394117	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	26 Zip

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOWARD, CAROLYN ESQ.
LAW OFFICES OF S.Y. HOWARD
9525 SW 160 ST.
MIAMI FL 33157.**

10. Name and Address of New Registered Agent

81 Name	Shirley H. Berry
82 Street Address (P.O. Box Number is Not Incorporated)	14440 Lincoln Blvd.
83 City	Miami
84 State	FL
85 Zip Code	33178

11. Pursuant to the provisions of sections 617.0503 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: **Shirley H. Berry** (Signature of agent) **Shirley H. Berry** (Signature of corporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALONE, BISHOP CARLOS E ST.	
STREET ADDRESS	8241 SW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	AMBLER, MAURICE	
STREET ADDRESS	8245 SW 184 LANE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERSON, NED	
STREET ADDRESS	10910 SW 143R TERR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GODWIN, HENRY JR	
STREET ADDRESS	10910 S.W. 143RD TER.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORT, RONALD	
STREET ADDRESS	13500 SW 108 STREET CIRCLE SQ.	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Shirley H. Berry** **618100**

Signature and typed or printed name of signing officer or director Date Office Phone #