

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90061 016 \*\*\*\*61.25

**DOCUMENT # N00000001157**

1. Entity Name  
**BETHEL PENTECOSTAL COMMUNITY, CORP.**



Principal Place of Business  
**8735 RAMBLEWOOD DRIVE #109  
CORAL SPRINGS FL 33071**

Mailing Address  
**8735 RAMBLEWOOD DRIVE #109  
CORAL SPRINGS FL 33071**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8735 Ramblewood Dr.**

3. Mailing Address  
**8735 Ramblewood Dr.**

Suite, Apt. #, etc.  
**#109**

City & State  
**Coral Springs, FL**

Zip  
**33071**

Country  
**USA**

4. FEI Number **65-0974090**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARDOSO ARAUJO, IVONE**  
**8735 RAMBLEWOOD DRIVE #109**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Ivone Cardoso Araujo**

Street Address (P.O. Box Number is Not Acceptable)  
**8735 Ramblewood Dr. #109**

City **Coral Springs** FL Zip Code **33071**

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 **Ivone Cardoso Araujo** DATE **06-07-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25.**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARDOSO ARAUJO,	
STREET ADDRESS	8735 RAMBLEWOOD DRIVE #109	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAJANO MONTEIRO, SAMUEL	
STREET ADDRESS	8408 W. SAMPLE RD. #118	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARDOSO ARAUJO, IVONE	
STREET ADDRESS	8735 RAMBLEWOOD DRIVE #109	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SU	<input type="checkbox"/> Delete
NAME	COUTINHO XAVIER, MARLENE	
STREET ADDRESS	3979 NW 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 an other fee empowered.

SIGNATURE: **Ivone Cardoso Araujo** DATE: **06-07-2003**

CR2E037 (10/02)