

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002953

FILED
Apr 17, 2005
Secretary of State

Entity Name: EGLISE BAPTISTE BETHANIE, INC.

Current Principal Place of Business:

106 N W 5TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

3100 CORTEZ LANE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0982516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDEUS, OSTONE REV.
3100 CORTEZ LANE
DELRAY BEACH, FL 33445 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: MEDEUS, OSTONE
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: EXANTUS, ANNUEL
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD () Delete
Name: FIEFFE, JEAN R
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: CHERILUS, ELVINA
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: ST () Delete
Name: MEDEUS, MARIA L ASST
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: LEONORD, LOUIS M
Address: 212 SE 3RD STREET
City-St-Zip: DELRAY BEACH, FL 33483

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
Name:
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 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 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: OSTON MEDEUS

PAST

04/17/2005

Electronic Signature of Signing Officer or Director

Date