

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003049 (4)

1. Corporation Name

BETHANY "MARANATHA" BAPTIST CHURCH, INC.



Principal Place of Business

1855 NW 119 ST.
MIAMI FL 33168
US

Mailing Address

8901 NW 21 AVE.
MIAMI FL 33147
US

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 1855 N.W 119 ST

26 8901 N.W 21 ave

4. FEI Number

65-0423670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Miami, Florida

Miami, FL

24 Zip

25 Country

29 Zip

30 Country

33168

U.S.A

33147

U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BON-AMI, CALEBE
8901 N.W. 21 AVE
MIAMI FL 33147

81 Name

CALEBE BON-AMI

82 Street Address (P.O. Box Number is Not Acceptable)

8901 N.W 21 ave

83

84 City

Miami

FL

85 Zip Code

33147

11. Pursuant to the provisions of Sections 617.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-27-1996

12. OFFICERS AND DIRECTORS

TITLE: SD DELETE
NAME: ELEAZAR, ERINES
STREET ADDRESS: 278 N.W. 105 ST.
CITY-ST-ZIP: MIAMI FL

TITLE: TD DELETE
NAME: JOSEPH, CELESTIN B
STREET ADDRESS: 819 N.W. 116 ST.
CITY-ST-ZIP: MIAMI FL

TITLE: D DELETE
NAME: MORIN, ETIENNE
STREET ADDRESS: 13285 NE 6TH AVE., APT. 209
CITY-ST-ZIP: MIAMI FL

TITLE: PD DELETE
NAME: CALABE, BON-AMI
STREET ADDRESS: 8901 NW 21ST AVE
CITY-ST-ZIP: MIAMI FL

TITLE: D DELETE
NAME: PIERRE, ARNOLD
STREET ADDRESS: 1045 NW 134 ST
CITY-ST-ZIP: MIAMI FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-1996 (BON) 691-3455

CR2E037 (12/95)