


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N93000003049


1. Entity Name
 BETHANY "MARANATHA" BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address

10640 NW 12 AVE 10640 N.W. 12 AVE
 MIAMI, FL 33150 US MIAMI, FL 33150 US

DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0423670	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, CELESTIN B
 819 N.W 116TH STREET
 MIAMI, FL 33167

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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: *Celestin B Joseph* DATE: *03-02-2008*

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

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ELEAZAR, ERINES
STREET ADDRESS	15255 S.W. 21 PL
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	TD
NAME	JOSEPH, CELESTIN B
STREET ADDRESS	819 N.W. 116 ST.
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	MORIN, ETIENNE
STREET ADDRESS	830 N.E. 180 STREET
CITY-ST-ZIP	N.MIAMI BEACH, FL 33162
TITLE	D
NAME	FRANCOIS, JEAN PHILIPPE
STREET ADDRESS	1151 N.E. 109 ST
CITY-ST-ZIP	MIAMI, FL 331617320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/20/08-80029-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: *Celestin B Joseph* DATE: *03-02-2008* DAYTIME PHONE #: *(305) 710-9532*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #