

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004589

FILED
Apr 24, 2008
Secretary of State

Entity Name: EL BETHEL TABERNACLE COMMUNITY OUTREACH MINISTRIES OF THE P.A.W., INC.

Current Principal Place of Business:

4792 NW 167 STREET
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

4792 NW 167 STREET
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 65-0614145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EALEY, BEATRICE J
4792 NW 167 STREET
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

BAKER, RAYMOND A
4792 NW 167 STREET
MIAMI, FL 33014 US

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: RAYMOND A BAKER

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EALEY, BEATRICE J
Address: 8451 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S/T () Delete
Name: DAVIS, JOYCE L
Address: P. O. BOX 849126
City-St-Zip: PEMBROKE PINES, FL 33084

Title: T/T (X) Delete
Name: BAKER, RAYMOND A
Address: P. O. BOX 849216
City-St-Zip: PEMBROKE PINES, FL 33084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BAKER, RAYMOND A
Address: P. O. BOX 849216
City-St-Zip: PEMBROKE PINES, FL 33084

Title: T/T (X) Change () Addition
Name: DAVIS, JOYCE L
Address: P. O. BOX 849126
City-St-Zip: PEMBROKE PINES, FL 33084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOYCE DAVIS

T/T

04/24/2008

Electronic Signature of Signing Officer or Director

Date