2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # N97000006250 03-27-2006 90261 007 ****61.25 BETHEL CHURCH OF GOD SEVENTH DAY, INC. Mailing Address Principal Place of Business 18220 N W 31ST AVE 18220 N W 31ST AVE OPA LOCKA, FL 33056-3521 OPA LOCKA, FL 33056-3521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E037 (11/05) City & State City & State Applied For 65-0793318 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLAS DERYCK A Street Address (P.O. Box Number is Not Acceptable) 18210 N W 31ST AVE OPA-LOCKA, FL 33056-3521 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees TIONS OUR AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE **X** Delete TITLE X Addition ☐ Change DALHOUSE, PHILLIP SIPPIO, VIVENE H NAME NAME STREET ADDRESS 1465 N W 192 TERR 3364 N.W. 197 Terrace " STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP Miami, Florida 33056 PD ☐ Delete **Addition** DOUGLAS, DERYCK A NAME NAME 18210 N W 31ST AVE GRANT, OLIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA-LOCKA, FL 33056 CITY-ST-ZIP 19915 N.W. 3rd Court TITLE ☐ Delete TITLE Change Addition Miami, Florida 33169 GEORGE-DOUGLAS, BERTILE NAME 19060 N W 57TH AVE #304 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition TITLE MARSHALL, SYDNEY NAME NAME STREET ADDRESS 703-49TH STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BCH, FL 33407 CITY-ST-ZIP TILE TD Delete TITLE Change ☐ Addition NAME BROWN, JUDITH E NAME STREET ADDRESS 3102 ISLAND DR STREET ADDRESS MIRAMAR, FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WRIGHT, ARLENE NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

19761 N W 33RD CRT

OPA-LOCKA, FL 33056

FILED