

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004264

1. Entity Name

BETHSAIDA COMMUNITY CHURCH CORP.

Principal Place of Business

Mailing Address

15651 NW 6TH AVE  
MIAMI FL 33169

POST OFFICE BOX 640664  
MIAMI FL 33164-0664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856083

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOUBERT, MICHEL  
331 NE 150 STREET  
MIAMI FL 33161

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MICHEL, JOCELYN  
CITY-ST-ZIP 1505 NE 118 TERRACE  
MIAMI FL 33161

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS LOUIS, MARY  
CITY-ST-ZIP 15651 NW 6 AVE  
MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS MICHEL, JOUBERT  
CITY-ST-ZIP 331 NE 150 STREET  
MIAMI FL 33161

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS GASPARD, LEON  
CITY-ST-ZIP 15651 NW 6 AVE  
MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME T John Willy Thervil  
STREET ADDRESS 861 NW 150 ST  
CITY-ST-ZIP Miami FL 33151

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME C Joceny LaFrance  
STREET ADDRESS 7730 Camino Real #F108  
CITY-ST-ZIP Miami FL 33161

12. I hereby certify that the information supplied with this filing does not qualify 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 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 SIGNATURE REQUIRED

05-28-2002 91526 010 \*\*\*\*70.00  
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02 JUL 12 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2FR37 (9/01)