

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 01, 2005
Secretary of State

DOCUMENT# N98000004264

Entity Name: BETHSAIDA COMMUNITY CHURCH CORP.**Current Principal Place of Business:**12555 N W 17 AVE
MIAMI, FL 33167**New Principal Place of Business:**1695 OPA LOCKA BOULEVARD
MIAMI, FL 33167**Current Mailing Address:**P O BOX 640664
MIAMI, FL 331640664**New Mailing Address:**P O BOX 693695
MIAMI, FL 33269**FEI Number:** 65-0856083**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MICHEL, JOUBERT
12555 N E AVE
MIAMI, FL 33167 US**Name and Address of New Registered Agent:**GOLDEN, E SCOTT
644 SE 4 AVENUE
FORT LAUDERDALE, FL 33301 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: E SCOTT GOLDEN

02/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MICHEL, JOCELYN
Address: 1505 NE 118 TERRACE
City-St-Zip: MIAMI, FL 33161

Title: CD () Delete
Name: MICHEL, BETTY
Address: 12555 NW 17TH AVE
City-St-Zip: MIAMI, FL 33167

Title: TD () Delete
Name: ALCE, ULRICK
Address: 12555 NW 17TH AVE
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: MICHEL, JOUBERT
Address: 12555 NW 17TH AVE
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: GASPARD, LEON
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: SD (X) Change () Addition
Name: THERVIL, JOHN
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: CD (X) Change () Addition
Name: LAFRANCE, JOCENY
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOCENY LAFRANCE

CD

02/01/2005

Electronic Signature of Signing Officer or Director

Date