


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90031 018 ****70.00

0033332

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004264					
1. Corporation Name BETHSAIDA COMMUNITY CHURCH CORP.					
Principal Place of Business 15651 NORTHWEST 6 COURT Ave MIAMI FL 33169			Mailing Address POST OFFICE BOX 640664 MIAMI FL 33164-0664		
2. Principal Place of Business 21 15651 NW 6 Ave Suite, Apt. #, etc. 22 City & State 23 Miami FL 33169 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/23/1998 4. FEI Number 65-0854083 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PB MARY, LOUIS 15651 NORTHWEST 6 COURT MIAMI FL 33169 <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD P.O. MICHEL, JOCELYN 15651 NORTHWEST 6 COURT Ave MIAMI FL 33169 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MAITRE, WILLIAM 15651 NORTHWEST 6 COURT Ave MIAMI FL 33169 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD MICHEL, JOUBERT 15651 NORTHWEST 6 COURT Ave MIAMI FL 33169 <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD GASPARD, LEON 15651 NORTHWEST 6 COURT Ave MIAMI FL 33169 <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED 
Signature and typed or printed name of signing officer or director

5-15-99 (305) 756-4941
Date Daytime Phone #

CR2E037 (11/98)