

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004264

1. Entity Name

BETHSAIDA COMMUNITY CHURCH CORP.

Principal Place of Business

15651 NW 6TH AVE
MIAMI FL 33169

Mailing Address

POST OFFICE BOX 640664
MIAMI FL 33164-0664

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Joubert Michel
Street Address (P.O. Box Number is Not Acceptable)
331 N.E. 150 Street
City Miami FL Zip Code 33161

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

Joubert Michel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-20-01

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

| | | |
|----------------|-----------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MICHEL, JOCELYN | |
| STREET ADDRESS | 15651 NW 6 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MAITRE, WILLIAM | |
| STREET ADDRESS | 15651 NW 6 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | MICHEL, JOUBERT | |
| STREET ADDRESS | 15651 NW 6 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GASPARD, LEON | |
| STREET ADDRESS | 15651 NW 6 AVE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joubert Michel | |
| STREET ADDRESS | 331 N.E. 150 Street | |
| CITY-ST-ZIP | Miami FL 33161 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jocelyn Michel | |
| STREET ADDRESS | 1505 N.E. 118 Terr | |
| CITY-ST-ZIP | Miami FL 33161 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Louis Mary | |
| STREET ADDRESS | 15651 NW 6 Ave | |
| CITY-ST-ZIP | Miami FL 33169 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Joubert Michel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-01

Date

(605) 949-0323

Daytime Phone #

CR2E037 (10/00)

Attachment
Doc# N98000000 4264- 76713

BETHSAIDA COMMUNITY CHURCH

15651 N.W. 6th AVENUE

MIAMI, FL, 33161

PH: (305) 945-6445

June 28, 2001

Division of Corporations
P.P. Box 6327.
Tallahassee, Florida-32314

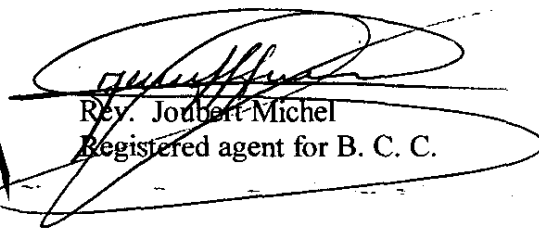
Subject: Bethsaida Community Church Corp.

Ref: N98000004264

Thank you to inform that the report of the corporation have been not filed. I returned the copy with the signature of the new registered agent.

If you need any other information please call Bethsaida Community Church at (305) 945-6445 your cooperation will be appreciated.

Sincerely,



Rev. Joubert Michel
Registered agent for B. C. C.

A FACT: WE DO WHAT WE VALUE AND WE VALUE WHAT WE DO