

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Change ☒ Addition
NAME 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 M. J. J. + b2d02 b2d02 2020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2FR37 (9/01)