

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 008 ****70.00

40000692



DOCUMENT # N98000004264 1. Entity Name BETHSAIDA COMMUNITY CHURCH CORP.					
Principal Place of Business 1695 OPA LOCKA BLVD. MIAMI, FL 33167				Mailing Address 1695 OPA LOCKA BLVD. MIAMI, FL 33167	
2. Principal Place of Business <i>12555 NW 17 Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 640664</i> Suite, Apt. #, etc.		01042005 Chg-NP CR2E037 (10/03)	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>			
Zip <i>33167</i>		Zip <i>33164-0664</i>			
Country		Country <i>None</i>			
4. FEI Number 65-0856083				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent THERVIL, JOHN 1695 OPA LOCKA BLVD. MIAMI, FL 33167			7. Name and Address of New Registered Agent Name <i>Toubert Michel</i> Street Address (P.O. Box Number is Not Acceptable): <i>12555 NW 17 Ave</i> City <i>Miami</i> FL Zip Code <i>33167</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Toubert Michel</i> <i>Toubert Michel</i> <i>01-05-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHEL, JOCELYN 1505 NE 118 TERRACE MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASPARD, LEON 1695 OPA LOCKA BLVD. MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THEUVIL, JOHN 1695 OPA LOCKA BLVD. MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAFRANCE, JOCELYN 1695 OPA LOCKA BLVD. MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ulrick Alice 12555 NW 17 Ave Miami FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Toubert Michel 12555 NW 17 Ave Miami FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Betty Michel 12555 NW 17 Ave Miami FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Toubert Michel</i> <i>Toubert</i> <i>01-05-04</i> <i>(305)623-1873</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					