

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90115 005 ****70.00

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

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JOUBERT, MICHEL
331 NE 150 STREET
MIAMI FL 33161

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michel Joubert
Michel Joubert

(NOTE: Registered Agent signature required when reinstating)

DATE

03-01-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **T** ☐ Delete
NAME **THEUML, JOHN**
STREET ADDRESS **861 NW 150 ST**
CITY-ST-ZIP **MIAMI FL 33151**

TITLE **C** ☐ Delete
NAME **LAFRANCE, JOCELYN**
STREET ADDRESS **7730 CAMINO REAL #F108**
CITY-ST-ZIP **MIAMI FL 33161**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

03-01-03 786344-4076

CR2E037 (10/02)