

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009053

**Entity Name:** BETHSAIDA COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

10185 NW 7TH AVE  
MIAMI, FL 33150

**Current Mailing Address:**

10185 NW 7TH AVE  
MIAMI, FL 33150 US

**FEI Number: 88-3623283**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JEROME, LUNIQUE  
1280 SW 101ST TER., 101  
PEMBROKE PINES, FL 33025 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D,P  
Name DELMAS, GERARD  
Address 1553 NE 118TH TERRACE  
City-State-Zip: MIAMI BEACH FL 33161

Title D,VP  
Name ROCK, EVENS  
Address 18701 NE 3RD CT, APT. 114  
City-State-Zip: MIAMI GARDENS FL 33179

Title D,AD  
Name JEROME, LUNIQUE PASTOR  
Address 1280 SW 101ST TER, APT 101  
City-State-Zip: PEMBROKE PINES FL 33025

Title TRE  
Name OLMAND, PENSY  
Address 1155 NE 137TH ST, APT 217  
City-State-Zip: NORTH MIAMI FL 33161

Title MEM  
Name MARCEL JEAN-LOUIS  
Address 30 NW 122ND ST  
City-State-Zip: N. MIAMI FL 33168

Title MEM  
Name JACQUET, FEDELYNE  
Address 951 NW 182ND ST  
City-State-Zip: MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LUNIQUE JEROME**

**DIRECTOR**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date