

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 019 ****61.25



DOCUMENT # 701901
 1. Entity Name
BETHEL MIRACLE REVIVAL FELLOWSHIP INTERNATIONAL & PENTECOSTAL HOLINESS CHURCH,

Principal Place of Business: 21150 N.W. 34 TH AVE, CAROL CITY, FLA, MIAMI FL 33054 US
 Mailing Address: 21310 OLD CUTLER ROAD, MIAMI FL 33189

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **05-0158508** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
CARTER, NORMA D
21310 OLD CUTLER RD
MIAMI FL 33189

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete	NAME: WALTON, MARY L STREET ADDRESS: 14224 SW 109TH PLACE CITY-ST-ZIP: MIAMI FL 33176	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P <input type="checkbox"/> Delete	NAME: CARTER, B. F. SR STREET ADDRESS: 21310 OLD CUTLER RD. CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S <input type="checkbox"/> Delete	NAME: CARTER, NORMA D STREET ADDRESS: 21310 OLD CUTLER ROAD CITY-ST-ZIP: MIAMI FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: PARRISH, FLORA M. STREET ADDRESS: 11781 SW 226 ST CITY-ST-ZIP: GOULDS FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Delete	NAME: MARSHALL, TONY L STREET ADDRESS: 10940 SW 153RD ST CITY-ST-ZIP: MIAMI FL 33176	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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: Bishop Benjamin L Carter Sr 3/27/05 (305) 235-2300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #