

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 25 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **704896** (0)

1. Corporation Name  
**BETHANY EVANGELICAL COVENANT CHURCH OF MIAMI, FL ORIDA, INC.**

Principal Place of Business Mailing Address  
**125 N.E. 119TH STREET N. MIAMI FL 33161**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **12/10/1962** 3a. Date of Last Report **01/27/1994**  
4. FEI Number **59-0977823** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ANDERSON, ANDREW J. REV.  
270 N.E. 121ST TERRACE.  
N MIAMI BCH FL 33161**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ANDREWS, WESLEY
STREET ADDRESS	9410 N.W. 14TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	SD
NAME	OSTLUND, MILTON R.
STREET ADDRESS	8736 NW 22ND CT
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	JOVIN, GUY
STREET ADDRESS	10820 N.W. 2ND CT.
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	FERGUSON, GARNETT
STREET ADDRESS	13681 S BISCAYNE RIVER
CITY-ST-ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDREWS, WESLEY	
1.3 STREET ADDRESS	16346 N.W. 8 Drive	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wesley E. Andrews 1/17/95 305/751-2975  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number