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FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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 33161125 N.E. 119TH STREET
N. MIAMI FL 33161-53743. Date Incorporated or Qualified
12/10/19623a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0977823

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, ANDREW J. REV.
270 N.E. 121ST TERRACE.
N MIAMI BCH FL 33161

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME ANDREWS, WESLEY
STREET ADDRESS 16346 NW 8 DR
CITY-ST-ZIP PEMBROKE PINES FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME OSTLUND, MILTON R.
STREET ADDRESS 8736 NW 22ND CT
CITY-ST-ZIP MIAMI FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SD
2.3 STREET ADDRESS OSTLUND, MARY
2.4 CITY-ST-ZIP 8736 N.W. 22ND CT.
MIAMI, FL 33147TITLE V ☐ DELETE
NAME JOVIN, GUY
STREET ADDRESS 10620 N.W. 2ND CT.
CITY-ST-ZIP MIAMI FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME FERGUSON, GARNETT
STREET ADDRESS 13681 S BISCAYNE RIVER
CITY-ST-ZIP N MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 WESLEY E. ANDREWS 1/6/97 305/751-2975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031718

CR2E037 (9/96)