

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704896

1. Entity Name

BETHANY EVANGELICAL COVENANT CHURCH OF MIAMI, FL

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90104 016 ****61.25

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 125 N.E. 119TH STREET N. MIAMI FL 33161 | 125 N.E. 119TH STREET N. MIAMI FL 33161-5374 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|-----|---------|
| 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 | Applied For |
| 59-0977823 | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

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

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ANDREWS, WESLEY <input checked="" type="checkbox"/> Delete 16346 NW 8 DR PEMBROKE PINES FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRIPSIN, CAROL <input type="checkbox"/> Delete 1470 NE 132 RD MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JOVIN, GUY <input type="checkbox"/> Delete 10620 N.W. 2ND CT. MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FERGUSON, GARNETT <input checked="" type="checkbox"/> Delete 13681 S BISCAYNE RIVER N MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD JOVIN, GUY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10620 NW 2ND COURT MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEVY, JEANNE <input type="checkbox"/> Change <input type="checkbox"/> Addition 302 POINCIANA ISLAND DRIVE SUNNY ISLES BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: ~~SIGNATURE REQUIRED~~ GUY JOVIN 01/00/00 305 751 2975
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)