

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704896

1. Entity Name

BETHANY EVANGELICAL COVENANT CHURCH OF MIAMI, FL

Principal Place of Business

Mailing Address

125 N.E. 119TH STREET  
N. MIAMI FL 33161

125 N.E. 119TH STREET  
N. MIAMI FL 33161

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

59-0977823

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME CRIPSIN, CAROL  
STREET ADDRESS 1470 NE 132 RD  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Change ☒ Addition  
NAME THOMPSON, ANNA  
STREET ADDRESS 12140 NORTH MIAMI AVENUE  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE CD ☐ Delete  
NAME JOVIN, GUY  
STREET ADDRESS 10620 N.W. 2ND CT.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LEVY, JEANNE  
STREET ADDRESS 302 POINCIANA ISLAND DRIVE  
CITY-ST-ZIP SUNNY ISLES BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Guy Jovin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/00

305/751-2975

Date

Daytime Phone #

0041141

CR2E037 (10/00)