


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90020 047 \*\*\*\*61.25

**DOCUMENT # 704896**  
 1. Entity Name  
**BETHANY EVANGELICAL COVENANT CHURCH OF MIAMI, FLORIDA, INC.**



Principal Place of Business  
 125 N.E. 119TH STREET  
 N. MIAMI, FL 33161

Mailing Address  
 125 N.E. 119TH STREET  
 N. MIAMI, FL 33161

20064104



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-0977823**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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  
**Garnett Ferguson**

Street Address (P.O. Box Number is Not Acceptable)  
**13681 S. Biscayne River Drive**

City  
**Miami** FL Zip Code  
**33161**

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  DATE **July 11<sup>th</sup> 2005**

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

**Filing Fee is \$61.25**  
**Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	CD MORTON, SHIRLEY 1435 NE 194 STREET MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOVIN, GUY 10620 N.W. 2ND CT. MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEDLINE, GEORGES 12301 GRIFFING BOULEVARD MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERGUSON, ANNETTE 13681 SOUTH BISCAYNE RIVER DRIVE MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson S. Annette Ferguson 13681 S. Biscayne River Drive Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson Mike Setzer 10670 SW 23 Street Davie, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Garnett G. Ferguson 13681 S. Biscayen River Drive Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Arlene Setzer 10670 SW 23 Street Davie, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Elizabeth Jansson-Diem 2999 Point East Drive #C-610 Aventura, FL 33160	<input type="checkbox"/> Change <input checked="" 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:  DATE **6/30/05** DAYTIME PHONE # **305-685-1955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR