2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2006 08:00 AN Secretary of State

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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



DO NOT WRITE IN THIS SPACE

07052006 No Chg-NP CR2E037 (4/06)

| 4. FEI Number . | | Applied For |
|----------------------------------|--------|----------------|
| 59-0977823 | Γ | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 | Additional |

6. Name and Address of Current Registered Agent

FERGUSON, GARNETT 13681 S BISCAYNE RIVER DRIVE MIAMI, FL 33161

SIGNATURE:

DO NOT WRITE
IN THIS SPACE

| ine daligations on registered agent. | | | | | | | |
|--|--|---|--------------------|--------------------------------|-------------------|--------------------------|---------------------|
| SIGNATURE. | Signature, typed or printed name of registered agent and tale if a | oplicable (NOTE: Register | ed Agent signature | required when revistating) | | DATE | |
| D | Filing Fee is \$61.25 ue by September 6, 2006 | 9. Election Campaign Fina Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | , |
| 10. | OFFICERS AND DIRECT | ORS | * J | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C FERGUSON, S. ANNETTE 13681 S BISCAYNE RIVER DRIVE MIAMI, FL. 33161 | | | | U000 07/11/0 |)00569440)6-80025-02 | 20 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C SETZER, MIKE 10670 SW 23 STREET DAVIE, FL 33324 | 1 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FERGUSON, GARNETTE G 13681 S BISCAYNE RIVER DRIVE MIAMI, FL 33161 | | | DO | NOT | NRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SETZER, ARLENE 10670 SW 23 STREET DAVIE, FL 33324 | | | IN | THIS S | PACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JANSSON-DIEM, ELIZABETH 2999 POINT EAST DRIVE, # C-610 AVENTURA, FL 33160 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | | | | |
| indicated of the cor | certily that the information supplied with this filir on this report or supplemental report is true an poration or the receiver or trustee empowered t , or on an attachment with an address with all o | d accurate and that my signa o execute this report as requ | aturè shall hav | e the same legal effe | ct as if made und | eroath∙that Lamian | officer or director |

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