FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	19 98	1	DIVISION O	CORPOR	NTAF	SMC	Secretary of State
POCU I. Corporatio	MENT #	712146	6 (0)				
BETHA	ny residen	CE, INC.					
							A 1881 I ABBA 1888 I ABBA 1881 BARA BARA BARA BARA BARA BARA BARA BAR
Principal Place of Business Mailing Address							
•			•				
9401 BISCAYNE BLVD. Miami Shores FL 93138			9401 BISCAYNE BLVD. MIAMI SHORES FL 33138				3. Date Incorporated or Qualified
MINIMI GROTIEG TE GOTOG			MIAME SHORES PL 35130				01/24/1967
							4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address				59-1156364 Not Applicable 5 Certificate of Status Decised	
21		26				5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
Sulte, Apt.	₩, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees	
City & State	ө	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip		Country	Z ip	Col	untry	,	Yes L No 8. This corporation owes or has paid the current year Intangible
24	25	,	29	30			Personal Property Tax due June 30. Yes No
	9. Name and	Address of Current	t Registered Agent	11			10. Name and Address of New Registered Agent
					81	Name	•
110 MERRICK WAY						t Address (P.O. Box Number is Not Acceptable)	
							
SUITE 3-B					83		
GURAL (BABLES FL 331	34			84	City	FL 85 Zip Code
11. Pursuant	to the provisions	of Sections 617.0502	2 and 617.1508. Florida Stat	utes the a	bove	a-named (d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent,	or both, in the State	of Florida, Such change was	authorize	d by	the corp	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Trianina Titot, at	to decopt the conge	110113 01, 000ttoi 1 0 17.0000, 1	ionda ota	luica		·
	Signature, typed or prin	led name of registered ager			d Age	int signature r	re required when reinstating) DATE
12.		OFFICERS AND		13.		— т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	_	D L. DELETE			TLE		☐ Change ☐ Addition
STREET ADDRESS	KORGE, JOS 840 SW 22N			1.2 N			
CITY-ST-ZIP	MIAMI FL	U NU.				ADDRESS	
TITLE	SD		DELETE	2.1 T	ITY-S ITLE	1-217	Change Addition
NAME	WENSKI, RE	/ THOMAS		2.2 N			
STREET ADDRESS	9401 BISCAY			2.3 5	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI SHOR			2.40	ary-s	ST-ZIP	
TITLE	D		DELETE	3.1 T	TLE		☐ Change ☐ Addition
NAME		REV JOHN CLEME		3.2 N	AME		
STREET ADDRESS	9401 BISCAY	'NE BLVD.		3.3 S	TREET	ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL		DELETE			T-ZIP	
NAME			C Deceie	4.1 Ti			Change Addition
STREET ADDRESS				4.2 M		ADDRESS	
CITY-ST-ZIP					ITY-SI		
TITLE			☐ OELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 N	AME	1	
STREET ADDRESS				5.3 S	RÉET	ADDRESS	
CITY-ST-ZIP				5.4 C	TY-SI	í - ZIP	
TITLE			DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				6.2 N	4ME	- 1	
STREET ADDRESS				6.3 \$1	MEFT	ADDRESS .	1

6.4 CITY - ST - ZIP 14. 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 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 of 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.

CITY-ST-ZIP

No Pou Thomas Wondi

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305/754-2444

FILED

May 12 1998 8:00am