## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720957** 

FILED Mar 09, 2006 Secretary of State

Entity Name: SPANISH BETHANY MISSION, INC. (ASSEMBLIES OF GOD) OF MIAMI BEACH, FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** 1228 NORMANDY DRIVE MIAMI BEACH, FL 33141 US **Current Mailing Address: New Mailing Address:** 725W 29ST 8942 HAWTHORNE AVE SURFSIDE, FL 33154 102 HIALEAH, FL 33012 US FEI Number: 05-0191708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROMAN, ANDRES B TABARES, RUBEN 725 WEST 29 ST 8942 HAWTHORNE AVENUE SURFSIDE, FL 33154 102 HIALEAH, FL 33012 US 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: RUBEN TABARES 03/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition () Delete VILASECA, NELLY Name: Name: 733 HARDING AVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33154 City-St-Zip: Title: PD () Delete Title: PD (X) Change ( ) Addition ROMAN, ANDRES B, Name: TABARES, RUBEN Name: Address: 8942 HAWTHORNE AVENUE Address: 725 WEST 29 ST #102 City-St-Zip: SURFSIDE, FL City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: (X) Change ( ) Addition AZOR, PABLO FIGUEROA, ELSA Name: Name: 2801 NE 183RD ST. # 712 1757 NORMANDY DR #2 Address: Address: City-St-Zip: AVENTURA, FL 33160 City-St-Zip: MIAMI BEACH, FL 33141 Title: () Delete Title: (X) Change ( ) Addition Name: AMPIE, ELISED Name: AMPIE, ELISEO 12536 NW 11TH TRAIL #110 Address: Address: 12536 NW 11TH TRAIL #110 City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33141 Title: () Delete Title: ( ) Change (X) Addition ROMAN, MARJORIE Name: Name: 8942 HAWTHORNE AVENUE Address: Address: City-St-Zip: City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN TABARES PD 03/09/2006