2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720957

FILED Apr 26, 2007 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 3629 W 11 AVE

102 HIALEAH, FL 33012 US

HIALEAH, FL 33012 US

FEI Number: 05-0191708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TABARES, RUBEN
725 WEST 29 ST
3629 W 11 AVE

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: 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 VILASECA, NELLY
 Name:
 TABARES, MARIA E

 Address:
 733 HARDING AVE
 Address:
 3629 W 11 AVE

 City-St-Zip:
 MIAMI BEACH, FL 33154
 City-St-Zip:
 HIALEAH, FL 33012

Title: PD () Delete Title: PD (X) Change () Addition Name: TABARES, RUBEN Name: TABARES, RUBEN

Address: 725 WEST 29 ST #102 Address: 3629 W 11 AVE
City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: T () Delete Title: () Change () Addition

 Name:
 FIGUEROA, ELSA
 Name:

 Address:
 1757 NORMANDY DR #2
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33141
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 AMPIE, ELISEO
 Name:
 VILLASECA, NELLIE H

 Address:
 12536 NW 11TH TRAIL #110
 Address:
 733 HARDING AVE

 City-St-Zip:
 MIAMI, FL 33141
 City-St-Zip:
 MIAMI BEACH, FL 33154

Title: O () Delete Title: () Change () Addition

 Name:
 ROMAN, MARJORIE
 Name:

 Address:
 8942 HAWTHORNE AVENUE
 Address:

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MR. 04/26/2007