

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 28 1997 8:00am
Secretary of State

DOCUMENT # 740071
1. Corporation Name

BETHANY BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business Mailing Address
777 N.W. 54th St. 777 N.W. 54th St.
Miami, Fl 33127 Miami, Fl 33127

3. Date Incorporated or Qualified 09/07/1977 3a. Date of Last Report 03/28/96
4. FEI Number 59-1914581 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State: 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DUMANE, THOMAS
1100 N.W. 105 TERRACE
MIAMI, FL 33150

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dumane Thomas 3/21/97 DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUGUSTE, SALIM	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HYACINTHE, JOHN WESLEY	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PREDELUS, ADRYEN	
STREET ADDRESS	271 N.W. 146th St.	
CITY- ST- ZIP	MIAMI FL 33168	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DESPAGNE, JOHNNY	
STREET ADDRESS	7157 Coral Blvd	
CITY- ST- ZIP	MIRAMAR, FL 33023	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	OTHELOT, ESTIME	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPLET, ALBERT	
STREET ADDRESS	850 N.W. 145 St.	
CITY- ST- ZIP	MIAMI FL 33168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AUGUSTE SALIM	
1.3 STREET ADDRESS	1970 N.E. 159 Street	
1.4 CITY- ST- ZIP	No. Miami Beach Fl 333162	
2.1 TITLE	HYACINTHE, JOHN WESLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9950 Nob Hill Place	
2.3 STREET ADDRESS	Sunrise Fl 33351	
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	OTHELOT, ESTIME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	15321 N.E. 10th AVE.	
5.3 STREET ADDRESS	No. Miami Beach Fl 33162	
5.4 CITY- ST- ZIP		
6.1 TITLE	200002127802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/28/97--01139--015	
6.3 STREET ADDRESS	***70.00	
6.4 CITY- ST- ZIP		

14. I do 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. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SALIM AUGUSTE 3/21/97 (305) 948-3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mon/year

CR2E037 (9/96)