2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90255 011 ****61.25

DOCUMENT # 740071

1. Entity Name
BETHANY BAPTIST CHURCH OF MIAMI, INC.

60012610

Principal Place of Business	Mailing Address
777 N.W. 54TH ST. MIAMI FL 33127	777 N.W. 54TH ST. MIAMI FL 33127

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DAD FLA
Zip 33127 / Country USA	Zip / Country

4. FEI Number 59-1914581 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOLCEME, PHILIPPE 10345 N.W. 6TH AVE MIAMI FL 33150	Name [redacted] Street Address (P.O. Box Number is Not Acceptable) 15744 N.E 11CT City MIAMI FL Zip Code 33127

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME AUGUSTE, SALIM PASTOR STREET ADDRESS 1970 NE 159TH STREET CITY-ST-ZIP MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE SD NAME WILLIAM, JOSEPH LOUIS STREET ADDRESS 15744 N.E. 11 CT CITY-ST-ZIP MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE TD NAME REMY, ANDRE STREET ADDRESS 120 N.E. 170 ST CITY-ST-ZIP MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE ASD NAME VALBRUN, JOSEPH STREET ADDRESS 12404 NE 1ST AVE CITY-ST-ZIP MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE AST NAME YVAN, NOELLISTE STREET ADDRESS 1200 N.E. 16TH AVE D-402 CITY-ST-ZIP MIAMI FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE TD NAME PREDELUS, ADRYEN STREET ADDRESS 19800 N.E. MIAMI CT CITY-ST-ZIP MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition

12. 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 report or supplemental 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-6-03 - 305-494-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CR2E037 (10/02)