

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 750855 (9)  
1. Corporation Name  
EGLISE EVANGELIQUE BAPTISTE DE BETHLHEEM, INC.



Principal Place of Business: 6534 NW 7TH AVE, MIAMI FL 33169, US  
Mailing Address: 920 NW 179TH ST, MIAMI FL 33169

3. Date Incorporated or Qualified: 01/30/1980  
4. FEI Number: 59-2221437  
Applied For:  Not Applicable

2. Principal Place of Business  
21 6534 NW 7th Ave, Suite, Apt. #, etc.  
22  
23 City & State: Miami Florida  
24 Zip: 33127  
25 Country: Dade  
26 920 NW 179th St, Suite, Apt. #, etc.  
27  
28 City & State: Miami Fla  
29 Zip: 33169  
30 Country: Dade

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
JEAN-LOUIS, JULES REV.  
920 NW 179TH ST  
MIAMI FL 33169

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 900002553329-- J  
84 City  
06/09/98 0107-7-015  
\*\*\*\*\*74.FL \*\*\*\*\*74.00

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-LOUIS, JULES, (REV)	1.2 NAME	
STREET ADDRESS	920 NW 179TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-BAPTISTE, CHRISTINE	2.2 NAME	
STREET ADDRESS	920 NW 179TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREYCINET, RITA	3.2 NAME	
STREET ADDRESS	1731 NW 170 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, FLORIANE	4.2 NAME	
STREET ADDRESS	3305 GARNET ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6/8

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 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: CHRISTINE JEAN-BAPTISTE

CR2E037 (10/97)