

F05000006267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

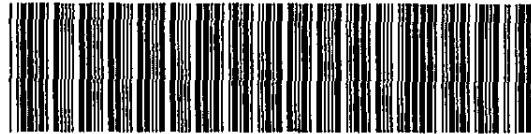
(Business Entity Name)

(Document Number)

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10/24/05--01048--003 **78.75

FILED
OCT 24 2005
FBI - NEW YORK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMUNIDAD MISIONERA BETHEL, INC.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

MIGUEL CORTIJO
(Name of Person)

(Firm/Company)

4119 TEE Rd.

(Address)

SARASOTA, FL 34235

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL CORTIJO at (941) 400-7110
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. COMUNIDAD MISIONERA BETHEL, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. NS / USA 3. 22-3796939
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/08/2001 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1033 LEWIS AVENUE, SARASOTA, FL 34237
(Principal office address)
1033 LEWIS AVENUE, SARASOTA, FL 34237
(Current mailing address)
8. TO PROVIDE SOCIAL AND RECREATIONAL FACILITIES FOR ITS MEMBERS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: LEONARDO CANEL
Office Address: 1033 LEWIS AVENUE
SARASOTA, Florida 34237
(City) (Zip Code)
10. Registered Agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Leonardo Canel
(Registered Agent's signature)
11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

RECEIVED
FLORIDA DEPARTMENT OF
STATE
JAN 24 2 06 PM '02

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GLADYS CASTILLO

Address: 1033 LEWIS AVENUE
SARASOTA, FL 34237

Vice President: LEONARDO CANEL

Address: 1033 LEWIS AVE
SARASOTA, FL 34237

Secretary: LIDIA CANEL

Address: 1033 LEWIS AVE SARASOTA, FL 34237

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Leonardo Canel
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LEONARDO CANEL VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRET
FALLS, S.W. FLORIDA

NOV 10 1978

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

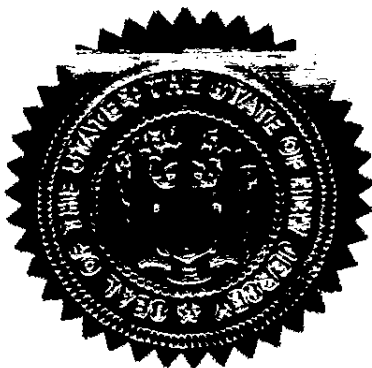
COMUNIDAD MISIONERA BETHEL, INC.
0100845311

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Non Profit Corporation was
registered by this office on March 8, 2001.*

*Said business was Revoked For Failure To Pay Annual Reports
on October 16, 2004, and as of the date of this
certificate, has not been reinstated.*

*I further certify that the last registered agent
and registered office of record were:*

Maria I Cuervo
338 Marion St
Elizabeth, NJ 99999



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
2nd day of September, 2005

John E McCormac, CPA
State Treasurer