

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000767

1. Entity Name

BETHEL CHURCH OF GOD MINISTRIES, INC.



Principal Place of Business

**2131 N.W. 76TH AVE.
MARGATE, FL 33063**

Mailing Address

**2131 N.W. 76TH AVE.
MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0979267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORISSET, JACQUES J
2131 N.W. 76TH AVE.
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORISSET, JACQUES J
STREET ADDRESS	2131 N.W. 76TH AVE.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	SD
NAME	MORISSET, MINIE Y
STREET ADDRESS	2131 N.W. 76TH AVE.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	EDWARD, JOSEPH CLAUDE
STREET ADDRESS	1100 N.W. 76TH AVE.
CITY - ST - ZIP	PLANTATION, FL 33322
TITLE	D
NAME	MORISSET, JACQUES J JR.
STREET ADDRESS	2131 N.W. 76TH AVE.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	MORISSET, RICHARD
STREET ADDRESS	2131 N.W. 76TH AVE.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	TD
NAME	SOLAGE, ALERTE
STREET ADDRESS	6708 PINEHURST
CITY - ST - ZIP	NORTH LAUDERDALE, FL 33068

U000000092919
03/19/04-80029-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #