

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007364

FILED  
May 23, 2008  
Secretary of State

**Entity Name:** HOUSE OF BETHLEHEM A PLACE OF BREAD MINISTRIES, INC.

**Current Principal Place of Business:**

16500 N.W. 2ND AVE., STE. C  
MIAMI, FL 33164

**New Principal Place of Business:**

2401 NW 79TH STREET  
MIAMI, FL 33147

**Current Mailing Address:**

P.O. BOX 640514  
MIAMI, FL 331640514

**New Mailing Address:**

**FEI Number:** 65-1107957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COX, LATASHA  
400 NE 157TH TERR.  
MIAMI, FL 33162 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BETHEL, CYNTHIA E  
Address: 1120 NW 75 ST.  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: BROWN, EARNESTINE  
Address: 1120 NW 75 ST.  
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete  
Name: COX, LATASHA  
Address: 400 NE 157 TERR.  
City-St-Zip: MIAMI, FL 33162

Title: E ( ) Delete  
Name: JOHNSON, ALVER  
Address: 1770 NW 190 TERRACE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATASHA COX

RA

05/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date