

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000143

FILED
Apr 15, 2008
Secretary of State

Entity Name: BETHESDA CHRISTIAN CENTER INC.

Current Principal Place of Business:

715 NW 14TH WAY
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

641 NE 40TH STREET
POMPANO BEACH, FL 33064

Current Mailing Address:

4715 NW 6TH STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1061754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUGUSTIN, ODANY REV.
4715 NW 6TH STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

AUGUSTIN, ODANY PRESIDE
4715 NW 6TH STREET
PLANTATION, FL 33317 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: ODANY AUGUSTIN, PRESIDENT

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SAFAITE, ERNST
Address: 3480 PINE ROCK DR. N # 128
City-St-Zip: MAGATE, FL 33063

Title: TT () Delete
Name: TOUSSAINT, JUTHEE
Address: 1067 IROQUOIS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SSDD () Delete
Name: OCCES, BENITHO
Address: 7831 N.W. 21ST STREET
City-St-Zip: SUNRISE, FL 33313

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AUGUSTIN, ODANY PRESIDE
Address: 4715 NW 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: ST (X) Change () Addition
Name: SAFAITE, ERNST ST
Address: 3480 PINWALK DR N. # 128
City-St-Zip: MARGATE, FL 33063

Title: TT (X) Change () Addition
Name: TOUSSAINT, JUTHEE TT
Address: 1067 IROQUOIS AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SSDD () Change (X) Addition
Name: OCCES, BENITHO SSDD
Address: 7831 NW 21ST STREET
City-St-Zip: SUNRISE, FL 33313

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: ODANY AUGUSTIN

PRE

04/15/2008

Electronic Signature of Signing Officer or Director

Date