


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000785

1. Entity Name
 BETHESDA HAITIAN BAPTIST CHURCH, INC.



Principal Place of Business
 4371 34TH ST
 ST PETERSBURG, FL 33711

Mailing Address
 P O BOX 5931
 ST PETERSBURG, FL 33733



DO NOT WRITE IN THIS SPACE

05132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 06-1650641

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

PAUL, REGINAL
 642 37TH AVE S
 ST PETERSBURG, FL 33705

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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 _____ DATE _____

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

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAUL, REGINAL CHR M 642 37TH AVE S ST PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAUL, MIREILLE CONSELO 642 37TH AVE S ST PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXIS, DIANA 2075 N HIGHBROL AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/05-80001-005 61.25

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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:  **5-13-05** 727-324-9616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #