

**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**



05132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
06-1650641

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 rehashing)

DATE

**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 CHRM
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

UD00000367402
05/17/05-80001-005 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

5-13-05 722-324-9616
Date Daytime Phone #