


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N02000000785	
1. Entity Name BETHESDA HAITIAN BAPTIST CHURCH, INC.	

Principal Place of Business 5995DRM.L.KINGJR.STSOUTH SAINTPETERSBURG,FL33705	Mailing Address POBOX15931 STPETERSBURG,FL33733
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1650641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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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03/09/07-80012-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **REGINAL PAUL** 2-26-07-727-5646031
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #