

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005465

FILED
Nov 20, 2004
Secretary of State**Entity Name:** BETHEL EVANGELICAL MISSION, INC.**Current Principal Place of Business:**10401 NORTH FLORIDA AVENUE
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**10401 NORTH FLORIDA AVENUE
TAMPA, FL 33612**New Mailing Address:****FEI Number:** 13-4263176 **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:**HABTEMARIAM, MARTHA
3701 POSTWOOD COURT
APTMENT #103
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**

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: HABTEMARIAM, MARTHA
Address: 3701 POSTWOOD COURT, APT. #103
City-St-Zip: TAMPA, FL 33614**Title:** D () Delete
Name: WOLDEYOHANNES, FELEKE T
Address: 3215 WEST SWANN, APT. 9
City-St-Zip: TAMPA, FL 33609**Title:** D () Delete
Name: WORKU, MULUGETA T SR.
Address: 1605 EAST MAPLE AVENUE
City-St-Zip: TAMPA, FL 33604**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HABTEMARIAM,MARTHA

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11/20/2004

Electronic Signature of Signing Officer or Director_____
Date