

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005880

FILED
May 26, 2009
Secretary of State

Entity Name: MIAMI BETHANY COMMUNITY SERVICES, INC.

Current Principal Place of Business:

2490 N.W. 35TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2490 N.W. 35TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 58-2676808 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:

JAUREGUI, OBED F
2490 N.W. 35TH STREET
MIAMI, FL 33142 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: P () Delete
Name: JAUREGUI, OBED F
Address: 397 PALMETTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: C () Delete
Name: AGUIRRE, LOURDES
Address: 14341 GLAINCAIRN ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: T () Delete
Name: RODRIGUEZ, GUILLERMO
Address: 836 NW 17 CT.
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: GONZALEZ, ANGEL
Address: 1455 NW 32 AVE.
City-St-Zip: MIAMI, FL 33125

Title: VC () Delete
Name: IZQUIERDO, GERMAN
Address: 1897 NW 20 ST.
City-St-Zip: MIAMI, FL 33142

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:

Title: S (X) Change () Addition
Name: CASSELLS, SILVIA
Address: 2620 NW 22 AVE. APT. 109
City-St-Zip: MIAMI, FL 33142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OBED F. JAUREGUI

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date