

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04881** (1)

1. Corporation Name

**BETHESDA CHURCH, INC.**

Principal Place of Business

**13180 NW 7TH AVENUE  
MIAMI FL 33188**

Mailing Address

**P.O. BOX 681321  
MIAMI FL 33168**



3. Date Incorporated or Qualified

**08/28/1984**

4. FEI Number

**59-2599317**

Applied For

Not Applicable

2. Principal Place of Business

**21 3992 NW 167 Street**

2a. Mailing Address

**26 P.O. Box 681321**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 MIAMI, FLORIDA**

City & State

**28 MIAMI, FLORIDA**

Zip

**24 33054**

Country

**25 U.S.A.**

Zip

**29 33168**

Country

**30 U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PHANORD, RUBEN REV.  
970 NE 163RD STREET  
MIAMI FL 33162**

10. Name and Address of New Registered Agent

**81 Name** **Rev. RUBEN PHANORD**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**3930 NW 167 Street.**  
**83**  
**84 City** **MIAMI** **FL** **85 Zip Code** **33054**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **PHANORD, RUBEN REV.**  
STREET ADDRESS **970 NE 163 STREET**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **TD** ☒ DELETE  
NAME **DOMINIQUE, CHERMISE**  
STREET ADDRESS **1040 NW 108 STREET**  
CITY-ST-ZIP **MIAMI FL 33109**

TITLE **SD** ☒ DELETE  
NAME **PHANORD, MANOLETTE**  
STREET ADDRESS **970 NE 163 STREET**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **TD** ☐ DELETE  
NAME **GERARD CHARLES (TD)**  
STREET ADDRESS **9311 Orange Grove Dr. #414**  
CITY-ST-ZIP **Fort Lauderdale, FL 33324**

TITLE **SD** ☐ DELETE  
NAME **MARGORIE GARRE, SD**  
STREET ADDRESS **1043 NW 99 Street**  
CITY-ST-ZIP **MIAMI, FLORIDA 33150**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-10-98 (305) 474-0887**

CR2E037 (5/98)