

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006825

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** BETHESDA TABERNACLE CHRISTIAN COMMUNITY CHURCH OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

2923 SOUTH FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2923 SOUTH FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 47-0955198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAINVILUS, POINT DU JOUR DP  
2923 S FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

LEVOYANT, DERISCA ADM.  
2923 S FEDERAL HIGHWAY  
BOYNTON BEACH, FL 33435 US

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: LEVOYANT DERISCA

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ADM.  
Name: LEVOYANT, DERISCA ADM.  
Address: 2923 S FEDERAL HIGHWAY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S.P  
Name: SAINVILUS, POINT DU JOUR S.P  
Address: 2923 S FED. HWY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: A.P  
Name: DANIEL, DOLCINE A.P  
Address: 2923 SOUTH FED. HWY.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DT  
Name: POMAPHIL, ROSETTE DIR. TR  
Address: 2923 S FEDERAL HIGHWAY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S  
Name: PIERRE, RODY SECRETA  
Address: 2923 S FEDERAL HIGHWAY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MEMB  
Name: MICLER, LOUIS MEMBER  
Address: 2923 SOUTH FED. HWY.  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: LEVOYANT DERISCA

ADM

03/21/2012

Electronic Signature of Signing Officer or Director

Date