
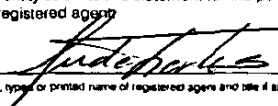
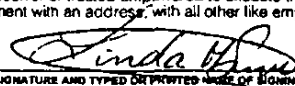


FILED
Jul 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 037 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000009687			
1. Entity Name BETHEL CHRISTIAN SCHOOLS, INC.			
Principal Place of Business 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162		Mailing Address 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Jude Charles Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2nd AVE City MIAMI FL Zip Code 33138	
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 7/12/07			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, SHARON 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda H. SIMEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1785 NE 164th NORTH MIAMI BEACH FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TRICE, PETRENA 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fritz SIMEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17900 NW 19th Street Pe Hroke Pines FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, TREZAVIEUR S 1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Giovanni MERCERON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3803 E. Woodscape Dr. MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 6/21/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			