2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000009687

TI FILED
Oct 02, 2007
Secretary of State

Entity Name: BETHEL CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business: New Principal Place of Business:

1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

1725 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162

FEI Number: 22-3942697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JUDE, CHARLES 9999 NE 2ND AVE MIAMI, FL 33138 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PD (X) Change () Addition

Name: SIMEON, LINDA Name: BROWARD CENTER FOR H, UMAN SERVICES I NC

 Address:
 1725 NORTHEAST 164TH STREET
 Address:
 17900 NW 19TH STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: VTD () Delete Title: PSD (X) Change () Addition Name: SIMEON, FRITZ Name: SIMEON, LINDA M

 Name:
 SIMEON, FRITZ
 Name:
 SIMEON, LINDA M

 Address:
 7900 NW 19TH STREET
 Address:
 1725 NORTHEAST 164TH STREET

 City-St-Zip:
 PEMBROKE, FL 33029
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162

Title: D () Delete Title: VTD (X) Change () Addition

 Name:
 MERCERON, GIOVANNI
 Name:
 SIMEON, FRITZ

 Address:
 380 SE WOODSCAPE DR
 Address:
 7900 NW 19TH STREET

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 PEMBROKE, FL 33029

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MERCERON, GIOVANNI

 Address:
 Address:
 380 SE WOODSCAPE DR

 City-St-Zip:
 City-St-Zip:
 MIRAMAR, FL 33023

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: LINDA M SIMEON PSD 10/02/2007