

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009687

FILED
Jul 04, 2008
Secretary of State

Entity Name: BETHEL CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business:

1725 NORTHEAST 164TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1725 NORTHEAST 164TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

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

JUDE, CHARLES
9999 NE 2ND AVE
MIAMI, FL 33138 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: PD () Delete
Name: BROWARD CENTER FOR H, UMAN SERVICES I NC
Address: 17900 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PSD () Delete
Name: SIMEON, LINDA M
Address: 1725 NORTHEAST 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VTD () Delete
Name: SIMEON, FRITZ
Address: 7900 NW 19TH STREET
City-St-Zip: PEMBROKE, FL 33029

Title: D () Delete
Name: MERCERON, GIOVANNI
Address: 380 SE WOODSCAPE DR
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHILDREN AND FAMILIE, S EMPOWERMENT C ENTER,
Address: 1725 NE 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PSD (X) Change () Addition
Name: SIMEON, MARYLEEN M
Address: 1725 NORTHEAST 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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: MARYLEEN M. SIMEON

PSD

07/04/2008

Electronic Signature of Signing Officer or Director

Date