

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007880

FILED
Apr 24, 2009
Secretary of State

Entity Name: GROUP BETHEL MISSIONARY VISION INC.

Current Principal Place of Business:

1090 NW 132 STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

1090 NW 132 STREET
MIAMI, FL 33168

New Mailing Address:

FEI Number: 26-0683008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BONY, HERVE
808 NE 125 STR.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

BON ACCOUNTING
15251 NE 18 AVE, STE10
MIAMI, FL 33162 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: H BONY

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DELVA, JOSEPH
Address: 1090 NW 132 STREET
City-St-Zip: MIAMI, FL 33168

Title: DVC () Delete
Name: CAMILLE, WILLEM
Address: 1090 NW 132 STREET
City-St-Zip: MIAMI, FL 33168

Title: DS () Delete
Name: DELVA, MARIE L
Address: 1090 NW 132 STREET
City-St-Zip: MIAMI, FL 33168

Title: DT () Delete
Name: MICHEL, EDILUS
Address: 1090 NW 132 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSEPH DELVA

DC

04/24/2009

Electronic Signature of Signing Officer or Director

Date