2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BERNARD

Secretary of State DOCUMENT # N07000009232 1. Entity Name 02-29-2008 90035 001 ****61.25 EGLISE EVANGELIQUE BAPTISTE BETHLEHEM 02-29-2008 90035 002 *****8.75 WESTSIDE OF JACKSONVILLE, FLORIDA, INC. 02-29-2008 90035 003 *****5.00 Principal Place of Business Mailing Address 2052 BETSEY DRIVE 2052 BETSEY DRIVE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 66004391 incipal Place of Business - No P.O. Box # _Beta Suite, Apt. #, etc. 03162008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARD (CHERICHEL, BERNARD 2052 BETSEY DRIVE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 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 DE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ■ Addition METELUS, ONELIEN NAME STREET ADDRESS 3178 SEDONA TRIAL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP VΠ TITLE ☐ Delete TITLE ☐ Addition CHERICHEL, BERNARD NAME NAME 2052 BETSY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP SD TITLE _ 🔲 Delete TITLE ☐ Addition ☐ Change CHERICHEL, ELIZANNE NAME NAME STREET ADDRESS 2052 BETSY DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP TITLE TD ☐ Delete MIF ☐ Change ☐ Addition **HOMME TILUS, JESUS** NAME NAME STREET ADDRESS 6520 CRIMSON LEAF LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE ☐ Delete ПΠЕ ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

FILED

Mar 19, 2008 8:00 am

ATTACHMENT

RS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0023 # 107 00009 232

Date of this notice: 09-26-2007

Employer Identification Number: 26-1135730

Form: SS-4

Number of this notice: CP 575 A

EGLISE EVANGELIQUE BAPTISTE
BETHLEHEM WESTSIDE OF JACKSONVIL
% BERNARD CHERICHEL
2052 BETSY DR
JACKSONVILLE, FL 32210

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-1135730. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this ign't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments, and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If this information isn't correct as shown above, please correct it using the tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2008

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of this notice. If you need help in determining what your tax year is, see Publication 538. Accounting Periods—and Methods, available at your local IRS office or you can download this publication from our website at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)