

2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
FILED

16 OCT 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N10000009429					
1. Entity Name BETHESIDA INTERNATIONAL CHURCH INC.					
Principal Place of Business 2210 MULBERRY BLVD TALLAHASSEE, FL 32303			Mailing Address 2210 MULBERRY BLVD TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10202016 REIN-NP CR2E099 (12/11)	
Zip		Country		4. FEI Number 27-3773593	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
YADETE, ETEFWORK 2210 MULBERRY BLVD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Etefwork</i>		<i>10/20/2016</i>		DATE	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2017, Fee will be \$297.50			Make check payable to Florida Department of State 200291469492 10/20/16--01018--015 **236.25		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	BELAY, KALAYU DR.		NAME		
STREET ADDRESS	6635 LANDOVER CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32317		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	YADETE, ETEFWORK		NAME		
STREET ADDRESS	2210 MULBERRY BLVD		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32303		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEBREGIORGIS, ABONESH		NAME		
STREET ADDRESS	2307 TRIMBLE RD		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32303		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Etefwork</i>		<i>10/20/2016</i>		E-MAIL ADDRESS	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>E-MAIL ADDRESS</small>	