


2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10000009429		
1. Entity Name BETHESIDA INTERNATIONAL CHURCH INC.		

16 OCT 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2210 MULBERRY BLVD TALLAHASSEE, FL 32303	Mailing Address 2210 MULBERRY BLVD TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10202016 REIN-NP CR2E099 (12/11)

City & State	City & State	4. FEI Number 27-3773593	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
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>[Signature]</i>	DATE
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$236.25 After January 1, 2017, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	BELAY, KALAYU DR.	NAME	
STREET ADDRESS	6635 LANDOVER CIRCLE	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE, FL 32317	CITY- ST- ZIP	
TITLE	SD	TITLE	
NAME	YADETE, ETEFWORK	NAME	
STREET ADDRESS	2210 MULBERRY BLVD	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE, FL 32303	CITY- ST- ZIP	
TITLE	TD	TITLE	
NAME	GEBREGIORGIS, ABONESH	NAME	
STREET ADDRESS	2307 TRIMBLE RD	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE, FL 32303	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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10/20/16--01018--015 **236.25

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>[Signature]</i>	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		E-MAIL ADDRESS