

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24979

FILED
Mar 21, 2009
Secretary of State

Entity Name: TABERNACLE OF BETHLEHEM INTERNATIONAL MISSION, HOLINESS TO THE LORD, INC.

Current Principal Place of Business:

900 W. DRIVE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 0386
MIAMI, FL 332380386 US

New Mailing Address:

FEI Number: 65-0459904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRUTUS, JINY
1910 EVERGLADES BLVD. N
NAPLES, FL 34120 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: P () Delete
Name: DIEUDONNE, BRUTUS
Address: 900 W. DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: JEAN, BRUTUS W
Address: 900 W DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: TD () Delete
Name: BRUTUS, LUNIE
Address: 900 W. DR. OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: BRUTUS, LUDIE
Address: 1153 NW 98 TERR.
City-St-Zip: PENBROKE PINES, FL 33024

Title: VD () Delete
Name: PIERRE, AGUR
Address: 305 SOUTH 3RD STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: TD () Delete
Name: PIERRE, JOSEPH J
Address: 550 HOPE CIRCLE APT 204
City-St-Zip: IMMOKALEE, FL 34142

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
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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: DJINY BRUTUS

MR

03/21/2009

Electronic Signature of Signing Officer or Director

Date