2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N25260

1. Entity Name
EGLISE BAPTISTE BETHANIE DE FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
2200 NW 12 AVENUE FT. LAUDERDALE, FL 33311	2200 NW 12 AVENUE FT. LAUDERDALE, FL 33311

07142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0038136
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

USLER, AUGUSTE
4521 NW 5TH PLACE
PLANTATION, FL 33317

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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: USLER AUGUSTE — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

Filing Fee is $61.25
Due by September 3, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	USLER, AUGUSTE
STREET ADDRESS	4521 NW 5TH PL.
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	ILTEUS, JEAN
STREET ADDRESS	1329 NE 2ND AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	ST REMY, ANDY
STREET ADDRESS	11930 NW 29 ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	S
NAME	MONDESIR, ELINA
STREET ADDRESS	631 E. DAYTON CIR
CITY-ST-ZIP	MELROSE, FL 33312
TITLE	T
NAME	JOSEPH, ERTA
STREET ADDRESS	1219 N.W. 18TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/19/04-80005-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Usler Auguste — 7-09-04 — 954-463-1859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #