2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 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

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02112008 No Chg-NP CR2E037 (4/06)

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
2200 NW 12 AVENUE
FORT LAUDERDALE, FL 33311

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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 _____
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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUGUSTE,, USLER
STREET ADDRESS	4521 NW 5TH PL.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	NORD,, VERDIEU
STREET ADDRESS	3681 SW KASIN STREET
CITY-ST-ZIP	PORT ST-LUCIE, FL 34953
TITLE	D
NAME	ST- REMY,, ANDY
STREET ADDRESS	4961 CYPRESS LANE
CITY-ST-ZIP	COCONNUT CREEK, FL 33073
TITLE	S
NAME	MONDESIR, ELINA
STREET ADDRESS	467 CORAL AVE. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	S
NAME	JEUDY, IRMA
STREET ADDRESS	824 NW 103 STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	T
NAME	JOSEPH, ERTA
STREET ADDRESS	1219 NW 18 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

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02/25/08-80006-001 70.00

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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: Usler Auguste 2-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #