

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N30531
 1. Corporation Name
BAPTIST CHURCH OF BETHLEHEM, INC.

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|---|--|
| Principal Place of Business 1551 N.W 27 AVE FORT LAUDERDALE FLORIDA 33311 | Mailing Address 2740 SOMERSET DR. LAUDERDALE LAKES FLORIDA 33311 - U 409 |
|---|--|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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|---|--|
| 3. Date Incorporated or Qualified 02/07/89 | 3a. Date of Last Report 01/30/96 |
| 4. FEI Number 65-0326979 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PELISSIER METELLUS 2740 SOMERSET DR. U 409 LAUDERDALE LAKES, FL. 33311 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PELISSIER METELLUS PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESIDENT U 409 | 1.2 NAME | |
| STREET ADDRESS | 2740 SOMERSET DR. LAUD. FL 33311 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | MARIE METELLUS VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICE PRESIDENT U 409 | 2.2 NAME | |
| STREET ADDRESS | 2740 SOMERSET DR. LAUD. LAKES, FL. 33311 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | AMALIA HERNE TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TREASURER | 3.2 NAME | |
| STREET ADDRESS | 7505 SW 7 CT N. LAUDERDALE, FL 33068 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ONEHIEN METELLUS SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SECRETARY | 4.2 NAME | |
| STREET ADDRESS | 6111 N.W 18 ST. SUNRISE, FL. 33313 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | HYLARION TANELUS ETD <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ASSISTANT TREASURER | 5.2 NAME | 600002116546 |
| STREET ADDRESS | 815 N.W 12 AVE FT-LAUD. FL. 33311 | 5.3 STREET ADDRESS | -03/18/97--01077--054 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***8.75 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 100002116551 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -03/18/97--01077--055 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***61.25 |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Pelissier Metellus* **3-10-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954-731-5640

CR2E037 (9/96)