

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40016

FILED
Apr 22, 2009
Secretary of State

Entity Name: NEW BETHANY BAPTIST MISSION, INC.

Current Principal Place of Business:

201 E. SHERIDAN STREET
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

201 E. SHERIDAN STREET
DANIA BEACH, FL 33004 US

New Mailing Address:

FEI Number: 65-0243370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVIL, LEGRAND PASTOR
201 E. SHERIDAN STREET
DANIA BEACH, FL 33004 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: LEGRAND, DEVIL PASTOR
Address: 201 E. SHERIDAN STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: O/D () Delete
Name: LEGRAND, EDVARD D PASTOR
Address: 201 E. SHERIDAN STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: O () Delete
Name: THEODORE, SERGE DEACON
Address: 201 E. SHERIDAN ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: PYRAM, MARIE JUDE
Address: 201 E. SHERIDAN ST
City-St-Zip: DANIA BEACH, FL 33071

Title: S () Delete
Name: MATHEUS, DELETTE
Address: 1037 NW 116TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: ODMANNE, MATHEUS PASTOR
Address: 201 E. SHERIDAN STREET
City-St-Zip: DANIA BCH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEGRAND, DEVIL PASTOR
Address: 201 E. SHERIDAN STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: VP/D (X) Change () Addition
Name: LEGRAND, EDVARD D PASTOR
Address: 201 E. SHERIDAN STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: D (X) Change () Addition
Name: THEODORE, SERGE DEACON
Address: 201 E. SHERIDAN ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
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: EDVARD D. LEGRAND

CNP

04/22/2009

Electronic Signature of Signing Officer or Director

Date