

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41769** (3)

1. Corporation Name

BETHESDA EVANGELICAL CHURCH OF MIAMI, INC.



Principal Place of Business % MARTINEZ JOVIN 125 N.E. 119TH ST. NORTH MIAMI FL 33161	Mailing Address % MARTINEZ JOVIN 125 N.E. 119TH ST. NORTH MIAMI FL 33161-5374
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 07/08/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GEORGES, OBNEL 12301 GRILFING BLVD NORTH MIAMI FL 33161		10. Name and Address of New Registered Agent	
		b1 Name	
		b2 Street Address (P.O. Box Number is Not Acceptable)	
		b3	
		b4 City	
		FL b5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOVIN, MARTINEZ	1.2 NAME	
STREET ADDRESS	10615 N.W. 2ND CT. (Founder)	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOVIN, IMMACULA	2.2 NAME	
STREET ADDRESS	10615 N.W. 2ND CT. (Founder)	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCARD, CHARLESTIN	3.2 NAME	
STREET ADDRESS	1450 N E 151 ST (member)	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN, ANDRE	4.2 NAME	
STREET ADDRESS	125 N.E. 119TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SAINT LOUIS (Pastor)	5.2 NAME	
STREET ADDRESS	530 N W 110 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERGES, OBNEL (Chairman)	6.2 NAME	
STREET ADDRESS	12301 GRILFING BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	6.4 CITY-ST-ZIP	

MISS NICOLE MATHURIN ☐ Change ☐ Addition
12035 NE 2 AVE (Secretary)
APT. 404 Miami fla-33161

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: _____ SIGNATURE: _____

CR2E037 (9/96)