

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified
01/23/1991

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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

81 Name Georges Obnel
82 Street Address (P.O. Box Number is Not Acceptable) 12301 Grifling Blvd.
83 City North Miami Fla. 33161
84 City FL
85 Zip Code 33161

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.	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.	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	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHURIN, NICOLE	4.2 NAME	
STREET ADDRESS	12035 NE 2 AVE., APT. 404	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	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	6.2 NAME	
STREET ADDRESS	12301 GRILFING BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	6.4 CITY-ST-ZIP	

14. 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 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: **Obnel Georges** **3-7-1998** **305.896-5898**

CR2E037 (10/97)