NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N41769 1. Corporation Name

BETHESDA EVANGELICAL CHURCH OF MIAMI, INC.

Principal Place of Business % MARTINEZ JOVIN 125 N.E. 119TH ST. NORTH MIAMI FL 33161

2. Principal Place of Business

Mailing Address % MARTINEZ JOVIN 125 N.E. 119TH ST. NORTH MIAMI FL 33161

2s. Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90124 048 ****67.25

5 5 9 1 7 559172 - 90041 - 39

3. Date incorporated or Qualifed

21		26		_	U1/23/1891				
Suite; Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Apr	lied For	
22		27			NOT APPLICABLE		Not	Applicable	
- City & State		City & State	City & State		5. Certificate of Status Desired		\$8.75 A		
28		28			Obtained of Cases States	Fee Required		Tritag	
Zip	Country	Zip Country			6. Election Campaign Financing	п	\$5.00 (
24	25	29 30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registere	d Agent	<u>_</u>	
OBNEL GEOFYES				Name 1				-	
				82 Street Address (P.O. Box Number is Not Acceptable)					
12301 GRIFFING BOULD									
NO MIAMI FL 33161				83					
NO MIDAMI FE 33101				4 016	85 Zip Code				
				City	FL 85 Zip Cour				
44	to the provisions of Sections 617.0502	and 617 1509 Finding Statement	the abo	ve-named con	noration submits this statement for th	e purpose	of changing its	registered	
office or N	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	orized b	y the corporat	ion's board of directors, I hereby acc	pt the app	ointment as reg	istered	
agent. I a	m tamillar with, and accept the obligation	ns of, Section 617.0503, Florida	a Statute	s. .			• •	Į	
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent a		distanted Ag	ent eigneture requir	ad when reinstating) ADD/TIONS/CHANGES TO O		AND DIRECTO	RS IN 12	
12.	OFFICERS AND		1.1 TITLE		/DDITIONAL DITIONS TO C		Change	Addition	
TITLE	D						C) 41-19-		
NAME	JOVIN, MARTINEZ			_	•				
STREET ADDRESS	ESS 10615 N.W. 2ND CT.		1.3 STREET ADDRESS					· {	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZP	_ 		<u> </u>	Addition	
TITLE	D ·	DELETÉ 2.		1		•	Change	L) ADDIRON	
NAME	JOVIN, IMMACULA		2.2 NAME	:				.	
STREET ADORESS		10615 N.W. 2ND CT.		2.1 STREET ADDRESS =					
CITY-ST-ZIP	MIAMI FL		2.4 CITY	ST-ZP					
TITLE	D	☐ DELETE	3,1 TTLE				Change	☐ Addition	
NAME I	BOUCARD, CHARLESTIN		3.2 NAME		, .			.	
STREET ADDRESS	1450 N E 151 ST	-1	3.3 STREE	ET ADDRESS -					
CITY-ST-ZIP	MIAMI FL		34. CITY-	ST-ZP			<u>.:</u>		
TILE	S	DELETE 4.1				•	☐ Change	Addition	
NAME	•		4. 2 NAM	.	•				
STREET ADDRESS	12035 NE 2 AVE., APT. 404		4.3 STRE	ET ADORESS		1	•	.	
	MIAMI FL		4.4 CITY-	ľ					
CITY-ST-ZIP	D	☐ DELETE	5.1 TITLE				☐ Change	Addition	
	JOSEPH, SAINT LOUIS		5.2 NAME	1					
NAME	530 N W 110 ST		5.3 STRE	ET ADDRESS		•		Į	
STREET ADDRESS	I		5.4 CITY]				ŀ	
CITY-ST-ZIP	MIAMI FL.	DELETE 6.11				•	☐ Charige	☐ Addition	
TITLE	D armore anuli	☐ bereie	6.2 NAME						
NAME	GERGES, OBNEL			ET ADORESS					
STREET ADDRESS	NOORESS 12301 GRILFING BLVD							1	
CITY-ST-ZP	NORTH MIAMI FL		6.4 CITY-		Danier 440 07/9/0 Clade Clate	I further	actifu that the in	formation	
14. I hereby of indicated officer or Block 12	certify that the information supplied with on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	this liting does not qualify for the innual report is true and accurate or or trustee empowered to exe- ment with an address, with all of	e exemple and the cute this ther like	nion stated in at my signatu report as requ empowered.	Section 119.07(3)(i), Horitia Statute re shall have the same legal effect as uired by Chapter 617, Florida Statute	if made ur	ider oath; that i	am en ars in	

SIGNATURE REQUIRED