

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N48928

1. Entity Name

BETHESDA FAITH ASSEMBLY INC.



Principal Place of Business

BETHESDA FAITH ASSEMBLY, INC.
600 EAST 4TH ST
JACKSONVILLE FL 32206

Mailing Address

11150 FT CAROLINE ROAD
JACKSONVILLE FL 32225



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3094448

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, RONNIE
11150 FT CAROLINE ROAD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

U00000920892
05/14/08-80060-027 70.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME COHEN, ANNIE
STREET ADDRESS 11150 FORT CAROLINE RD
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE PT ☐ Delete
NAME COHEN, RONNIE
STREET ADDRESS 11150-FORT CAROLINE RD
CITY-STATE-ZIP JACKSONVILLE FL 32225

TITLE T ☐ Delete
NAME FLUCAS, ROSA
STREET ADDRESS 1338 EAGLE COVE RD S
CITY-STATE-ZIP JACKSONVILLE FL 32218

TITLE T ☐ Delete
NAME TWIGGS, ALBERT
STREET ADDRESS 3826 AUTUMN LEAF CT
CITY-STATE-ZIP JACKSONVILLE FL 32246

TITLE S ☐ Delete
NAME WYATT, VALERIE
STREET ADDRESS 9126 9TH AVE
CITY-STATE-ZIP JACKSONVILLE FL 32208

TITLE T ☐ Delete
NAME DURDEN, JAMES
STREET ADDRESS 601 EAST 4TH ST
CITY-STATE-ZIP JACKSONVILLE FL 32206

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronnie Cohen

4/21/08

(904) 644-6919