


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

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90111 023 \*\*\*\*61.25

<b>DOCUMENT # N93000000364</b> 1. Entity Name <b>FREE BETHLEHEM BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>714 S.W. FIRST ST FT. LAUDERDALE FL 33312 US</b>			Mailing Address <b>714 S.W. FIRST ST FT. LAUDERDALE FL 33312 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-3077327</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAM, PAUL 208 KANSAS AVE FORT LAUDERDALE FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/TR PAUL, WILLIAM 208 KANSAS AVE FORT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT THEOPHIN, ROSANA 4561 NW 10 AVE FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C DULAMAR, ERMANIE 8019 NW 27TH PLACE FORT LAUDERDALE FL 33322</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LOUISIANNE, JOSEPH 1851 NW 20 AVE FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S FRERE, VINCENT P 3520 NW 35TH WAY LAUDERDALE LAKES FL 33309</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MAURICE GUZ 2241 NW 34 AVE Lauderdale lake 613331</b>	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: WILLIAM PAUL</b>					

03-02-08 9543282789