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Feb 17 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 # N95000001928 (9)

1. Corporation Name

LAKEVIEW BETHANIE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

11500 N.W. 17TH AVENUE
MIAMI FL 33168

P. O. BOX 680308
MIAMI FL 33168

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

65-0599598

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11500 NW 17 Th. AVE
Suite, Apt. #, etc.

26 P.O. BOX 680308
Suite, Apt. #, etc.

22 City & State

23 MIAMI FL. 33168

Zip Country

27 City & State

28 MIAMI FL. 33168

Zip Country

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

10. Name and Address of New Registered Agent

JOSEPH, RIGOBERT V
1665 N.W. 123RD ST.
MIAMI FL 33167

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

02-06-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS CASSEUS, PAUL M REV.
CITY-ST-ZIP 573 NW 95 TERRACE
MIAMI FL 33150

TITLE ☐ DELETE

NAME VP
STREET ADDRESS RIGOBERT, JOSEPH REV.
CITY-ST-ZIP 1665 NW 123 ST.
MIAMI FL 33167

TITLE ☐ DELETE

NAME T
STREET ADDRESS MONESTIME, ALCIDE
CITY-ST-ZIP 926 NW 103RD ST
MIAMI FL

TITLE ☒ DELETE

NAME T
STREET ADDRESS THERAMENE, O D
CITY-ST-ZIP 1926 NW 83 TERRACE
MIAMI FL 33147

TITLE ☐ DELETE

NAME T
STREET ADDRESS LASSEUR, HENRI
CITY-ST-ZIP 9736 NW 26 AVE
MIAMI FL 33147

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robert J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-98

Date

Daytime Phone # 0032345

CR2E037 (10/97)