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**Secretary of State**
04-22-1999 90107 032 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000000130**

1. Corporation Name
**BETHESDA CHURCH MINISTRIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10455 NW 12TH AVENUE<br>MIAMI FL 33150 | POST OFFICE BOX 0171<br>MIAMI FL 33164 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>01/03/1996 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0709404 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BERROUET, DORISE M<br>240 EAST DRIVE<br>MIAMI FL 33162 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | D, P | ☐ Change ☑ Addition |
| NAME | DAVILMAR, PIERRE A | | 1.2 NAME | BIEN-AIME, Michel | |
| STREET ADDRESS | 10455 NW 12TH AVENUE | | 1.3 STREET ADDRESS | 16440 N.E 10th Ave | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 1.4 CITY-ST-ZIP | North Miami Beach, FL 33162 | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | ELIE, CLOVIS | | 2.2 NAME | Pierre, Fritz | |
| STREET ADDRESS | 14130 N.W. 5TH AVE | | 2.3 STREET ADDRESS | 4885 N.W. 191 Street | |
| CITY-ST-ZIP | MIAMI FL 33168 | | 2.4 CITY-ST-ZIP | CAROL City, FL 33055 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | JOSEPH, LADY | | 3.2 NAME | LANGE, DEBORAH | |
| STREET ADDRESS | 10455 NW 12TH AVENUE | | 3.3 STREET ADDRESS | 1100 NW 144th Ct | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 3.4 CITY-ST-ZIP | MIAMI, FL 33168 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | D, | ☐ Change ☑ Addition |
| NAME | BERROUET, JEAN D | | 4.2 NAME | EXAVIER, DERVIL | |
| STREET ADDRESS | 240 EAST DRIVE | | 4.3 STREET ADDRESS | 1135 N.W. 115th STREET | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 4.4 CITY-ST-ZIP | MIAMI, FLORIDA 33168 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D, M | ☐ Change ☑ Addition |
| NAME | FRANCOIS, SEBASTIEN | | 5.2 NAME | BERROUET, DORISE M. | |
| STREET ADDRESS | 10455 NW 12TH AVENUE | | 5.3 STREET ADDRESS | 240 EAST DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33150 | | 5.4 CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D, | ☐ Change ☑ Addition |
| NAME | | | 6.2 NAME | AUGUSTIN, CHARITABLE | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1771 NW 148th Street | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | MIAMI FLORIDA 33168 | |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED APRIL 15, 1999 305-653-7165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # -

CR2E037 (11/98)