2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90040 046 ****78.00

DOCUMENT # N96000000130

1. Entity Name
BETHESDA CHURCH MINISTRIES, INC.

Principal Place of Business	Mailing Address
14120 NW 7TH AVE MIAMI, FL 33168	POST OFFICE BOX 680373 MIAMI, FL 33168

01262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0709404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIEN-AIME, MICHEL 16440 NE 10TH AVE. NORTH MIAMI BEACH, FL 33162	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (FOR A Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D FRANCOIS, SEBASTIEN 10160 TORCHWOOD AVE PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY(S/D) MARCELlus, MARIE LISA 1446 N.E 118TH. MIAMI, Flo 33161	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D BIEN-AIME, MICHEL 16440 N.E. 10TH AVE NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSIST. SECRETARY (ASS/D JOSEPH, JOCILIA 90 NW 116 STREET MIAMI Flo 33168.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, YVES 9972 N.W. 2ND COURT PLANTATION, FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE/TD MICHEL, JEAN-CLAUDE 1145 N.E 147 TERRACE N. MIAMI BEACH, Flo 33162	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAINVIL, FRANTZ 14120 N.W. 7TH AVE MIAMI, FL 33168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER Director. DESROCHES, GISCHAINE 505 NE 158 STREET N. MIAMI BEACH, Flo 33162	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASPARD, MAXON 17241 NW 9TH PLACE MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER DIRECTOR AUGUSTIN, CHARITABLE 771 NW 148 STREET MIAMI, Flo 33168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REV. PASTOR, CHAIRMAN(CH/O GASPARD, MAXON 17241 NW 9TH PLACE MIAMI, Flo 33169	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: REV. GASPARD MAXON, CHAIRMAN 01/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #