2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000000130

FILED Feb 04, 2006 Secretary of State

Entity Name: BETHESDA CHURCH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 14120 NW 7TH AVE MIAMI, FL 33168 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 680373 MIAMI, FL 33168 FEI Number: 65-0709404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIEN-AIME, MICHEL 16440 NE 10TH AVE NORTH MIAMI BEACH, FL 33162 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FRANCOIS, SEBASTIEN Name: Name: 10160 TORCHWOOD AVE Address: Address: City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: Title: () Delete Title: () Change () Addition BIEN-AIME, MICHEL Name: Name: Address: 16440 N.E. 10TH AVE Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: Title: () Delete Title: () Change () Addition MICHEL, JEAN-CLAUDE Name: Name: Address: 1145 NE 177 TER Address: City-St-Zip: NORTH MIAMI BCH, FL 33162 US City-St-Zip: () Delete Title: OD Title: AS/D (X) Change () Addition Name: DESROCHES, GISCAINE Name: DESROCHES, GISLAINE Address: 505 NE 158 ST Address: 505 NE 158 ST City-St-Zip: N MIAMI BCH, FL 33162 US City-St-Zip: N MIAMI BCH, FL 33162 US Title: () Delete Title: (X) Change () Addition GASPARD, MAXON GASPARD, MAXON Name: Name: 17241 NW 9TH PLACE 17241 NW 9TH PLACE Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: MIAMI, FL 33168 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REV. GASPARD, MAXON C/D 02/04/2006

() Delete

GASPARO, MAXON REV

17241 NW 9TH PL

MIAMI, FL 33169

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

MARCELLUS, M. LISA

17241 NW 9TH PL

MIAMI, FL 33169