2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N96000000130

Entity Name: BETHESDA CHURCH MINISTRIES, INC.

Current Principal Place of Business:

14120 NW 7TH AVE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 680373
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0709404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIEN-AIME, MICHEL
16440 NE 10TH AVE.
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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:

Title:	P/D	( ) Delete
Name:	FRANCOIS, SEBASTIEN MIN.	
Address:	10160 TORCHWOOD AVE	
City-St-Zip:	PLANTATION, FL 33324 US	
Title:	VP/D	( ) Delete
Name:	BIEN-AIME, MICHEL MIN.	
Address:	16440 N.E. 10TH AVE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162 US	
Title:	TD	( ) Delete
Name:	DESROCHES, GHISLAINE MIN.	
Address:	505 N.E. 158 STREET	
City-St-Zip:	NORTH MIAMI, BCH, FL 33162 US	
Title:	REV	( ) Delete
Name:	GASPARD, MAXON PASTOR	
Address:	17241 N.W. 9TH PLACE	
City-St-Zip:	MIAMI, FL 33168 US	
Title:	C/D	( ) Delete
Name:	GASPARD, MAXON PASTOR	
Address:	17241 NW 9TH PLACE	
City-St-Zip:	MIAMI, FL 33168 US	
Title:	S/D	( ) Delete
Name:	MARCELLUS, M. LISA MIN.	
Address:	1446 N.E. 118TH TERRACE	
City-St-Zip:	NORTH MIAMI, FL 33161	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SEBASTIEN FRANCOIS P/D 01/14/2008

Electronic Signature of Signing Officer or Director — Date