

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90193 014 \*\*\*\*66.25

**DOCUMENT # N96000001754**

1. Corporation Name

**BETHESDA EVANGELICAL COVENANT CHURCH, INC.**

Principal Place of Business

8301 NE 2ND AVE.  
MIAMI FL 33138  
US

Mailing Address

245 NW 40 ST  
MIAMI FL 33127  
US



2. Principal Place of Business

21 **8301 NE 2ND AVE**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **245 NW 40**

Suite, Apt. #, etc.

27

**STREET.**

3. Date Incorporated or Qualified

**03/25/1996**

4. FEI Number

**65-0658599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☒

**\$5.00** May Be  
Added to Fees

City & State

23 **MIAMI, FL.**

Zip

24 **33138**

Country

City & State

28 **MIAMI, FL.**

Zip

29 **33127**

Country

30

9. Name and Address of Current Registered Agent

**TOUSSAINT, JEAN J**  
**245 NW 40 STREET**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name **TOUSSAINT JEAN JONEL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**245 NW 40th STREET.**

83 **MIAMI, FL. 33127**

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.

(NOT E: Registered Agent signature required when reinstating)

**03/29/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P TOUSSAINT, JEAN J**  
STREET ADDRESS **245 NW 40TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V ALABRE, JEAN**  
STREET ADDRESS **545 OPA LOCKA BLVD**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☒ DELETE

NAME **CD ST GEORGES, WEBSTER**  
STREET ADDRESS **800 NE 182ND TERR**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE ☒ DELETE

NAME **D OTHELOT, WILBERT**  
STREET ADDRESS **1231 NE 158TH ST**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE ☐ DELETE

NAME **T ST IMAR, EDMA**  
STREET ADDRESS **1311 NE 157TH ST**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE ☒ DELETE

NAME **SD ST GEORGES E NADINE**  
STREET ADDRESS **800 NE 182ND TERR**  
CITY-ST-ZIP **N MIAMI BCH FL 33162**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**CD. Peon Edmond Millier**  
**540 NE 162th STREET.**  
**MIAMI, FL. 33162.**

**D. ARNER NOB**  
**601 NW 90th ST #12**  
**MIAMI FLA 33150**

**SDM. Yarnick Jovin**  
**10620 NW 2 CT.**  
**MIAMI, FL 33150**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/29/99**

CR2E037 (11/98)