## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9600005664

1. Entity Name

INDEPENDENT MISSION CHURCH OF GOD BETHEL BY THE



## **FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90131 008 \*\*\*\*75.00

FAITH INTERNATIO	NAL, INC.		GOO WE THE				
Principal Place of Business		Mailing Address					
81 NE 53 ST MIAMI FL 33137		81 NE 53 ST MIAM1 FL 33137					
2. Principal Place of Business 3434 NW 7 AVE		3. Mailing Address 81 NE 53 Street		T LEBUKKE DID KUKA DIKIL DUKK ADIK ADIK BEKH BUKH DIKID DIKID GRID DIKU DIDI KADI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State MIAMI: FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number <b>65-0748950</b> Applied For Not Applicable			
Zip 33127	Country USA	Zip 33137	Country USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			No.	7. Name and Address of New Registered Agent			
MERCILUS, JEAN 81 NE 53 STREET		-		Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33137	and the second		City	FL Zip Code			
The above named entite the obligations of regist SIGNATURE	y submits this statement for lered agent.	the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept			

FILE	NOW:	FEE IS	\$61.25

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to

1122 11017. 122 10 001.23		Trust Fund Contribution.		Added to Fees	Florida D	Florida Department of State		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERCILUS, JEAN 81 NE 53 STREET MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOISE, LISA JEUDI P.O. BOX 370446 MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS' JEAN, VERTILE G P.O. BOX 370446 MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. 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 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 addispss, with all other like empowered.

SIGNATURE:

1-31-03

(305) 751-4118