
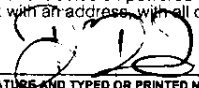


FILED
Mar 19, 2007 8:00 am
Secretary of State

60024976

DOCUMENT # N97000006250				03-19-2007 90090 049 ****70.00	
1. Entity Name BETHEL CHURCH OF GOD SEVENTH DAY, INC.					
Principal Place of Business 18220 N W 31ST AVE OPA LOCKA, FL 33056-3521		Mailing Address 18220 N W 31ST AVE OPA LOCKA, FL 33056-3521			
2. Principal Place of Business - No P.O. Box # 3951 S.W. 41 st Street		3. Mailing Address 3951 S.W. 41 st Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Park, Florida		City & State West Park, Florida			
Zip 33023	Country USA	Zip 33023	Country USA		
6. Name and Address of Current Registered Agent DOUGLASS, DERYCK A 18210 N W 31ST AVE OPA-LOCKA, FL 33056-3521		7. Name and Address of New Registered Agent Name DOUGLAS, DERYCK A Street Address (P.O. Box Number is Not Acceptable) 18220 N.W. 31 st AVENUE City OPA-LOCKA FL Zip Code 33056			
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 Deryck A. Douglas				March 7, 2007	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D DALHOUSE, PHILLIP 3364 NW 197 TERR OPA LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, LOVELL 119 N.W. 183 rd STREET MIAMI, FLORIDA 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, DERYCK A 18210 N W 31ST AVE OPA-LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE-DOUGLAS, BERTILE 19060 N W 57TH AVE #304 HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGE-DOUGLAS, BERTILE 2841 N.W. 37 AVENUE NORTH LAUDERDALE, FLORIDA 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL, SYDNEY 703-49TH STREET WEST PALM BCH, FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JUDITH E 3102 ISLAND DR MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, JUDITH E. 3102 ISLAND DRIVE MIRAMAR, FLORIDA 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, ARLENE 19761 N W 33RD CRT OPA-LOCKA, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		March 7, 2007		954-987-1159	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	