

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000003960****1. Entity Name**

EXOUSIA BETHEL HOUSING & DEVELOPMENT, INC.

Principal Place of Business

2791 NW 194 TERR.

MIAMI
33056

FL

Mailing Address

P.O. BOX 680043

MIAMI
331680043

FL

2. Principal Place of Business

3648 E. INDUSTRIAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 39

RIVIERA BEACH
FL

City & State

Zip
33404

Country

Zip

Country

4. FEI Number**65-0861086**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCLAIN AYESHA
2791 NW 194 TERR.MIAMI
33056 US

FL

7. Name and Address of New Registered Agent**Name**

MCCLAIN AYESHA

Street Address (P.O. Box Number is Not Acceptable)
12483 67 ST NCity
WEST PALM BEACH

FL

Zip Code
33404**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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

05/01/2001

DATE

**FILE NOW:
FEE IS \$61.25****9. Election Campaign Financing
Trust Fund Contribution.****\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	INGRAM-JOHNSON TIRZAH	
STREET ADDRESS	3800 NW 171 TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN LINDA	
STREET ADDRESS	3835 NW 185 TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERKE ELOUISE	
STREET ADDRESS	1850 NE 142 ST #6A	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT PATRICIA	
STREET ADDRESS	2787 NW 194 TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARIF RASHEEDAH	
STREET ADDRESS	2045 NW 71 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCLAIN AYESHA	
STREET ADDRESS	2791 NW 194 TERR.	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL ARCHIE
STREET ADDRESS	12463 67 ST N
CITY-ST-ZIP	WEST PALM BEACH FL 33404
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN AYESHA
STREET ADDRESS	12483 67 ST N
CITY-ST-ZIP	WEST PALM BEACH FL 33404

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

ARCHIE HARRELL

VP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)