
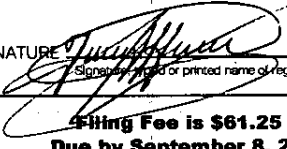
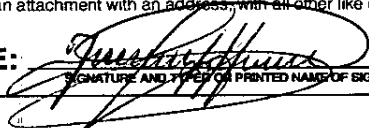


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90006 030 \*\*\*\*70.00

<b>DOCUMENT # N98000004264</b> 1. Entity Name <b>BETHSAIDA COMMUNITY CHURCH CORP.</b>					
Principal Place of Business <b>15651 NW 6TH AVE MIAMI, FL 33169</b>			Mailing Address <b>POST OFFICE BOX 640664 MIAMI, FL 33164-0664</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0856083</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOUBERT, MICHEL 331 NE 150 STREET MIAMI, FL 33161</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
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:  <u>Joubert Michel</u> DATE: <u>07-31-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICHEL, JOCELYN</b>		NAME		
STREET ADDRESS	<b>1505 NE 118 TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33161</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOUIS, MARY</b>		NAME		
STREET ADDRESS	<b>15651 NW 6 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICHEL, JOUBERT</b>		NAME		
STREET ADDRESS	<b>331 NE 150 STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33161</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GASPARD, LEON</b>		NAME		
STREET ADDRESS	<b>15651 NW 6 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THEUVIL, JOHN</b>		NAME		
STREET ADDRESS	<b>861 NW 150 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33151</b>		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAFRANCE, JOCELYN</b>		NAME		
STREET ADDRESS	<b>7730 CAMINO REAL #F108</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33161</b>		CITY-ST-ZIP		
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 address, with all other like empowered.					
SIGNATURE:  <u>Joubert Michel</u> DATE: <u>07-31-04</u> 305 940-9848 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					