2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90013 008 ****70.00

DOCUMENT # N98000004264

1. Entity Name
BETHSAIDA COMMUNITY CHURCH CORP.

40000692

Principal Place of Business	Mailing Address
1695 OPA LOCKA BLVD. MIAMI, FL 33167	1695 OPA LOCKA BLVD. MIAMI, FL 33167

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
12555 NW 17 Ave Suite, Apt. #, etc.	P.O. Box 640664 Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL.
Zip: 33167 Country:	Zip: 33164-0664 Country: Dade

4. FEI Number 65-0856083 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THERVIL, JOHN
1695 OPA LOCKA BLVD.
MIAMI, FL 33167

7. Name and Address of New Registered Agent

Name: Joubert Michel
Street Address (P.O. Box Number is Not Acceptable): 12555 NW 17 Ave
City: Miami FL Zip Code: 33167

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: Joubert Michel Joubert Michel 01-05-04
(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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VD MICHEL, JOCELYN 1505 NE 118 TERRACE MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GASPARD, LEON 1695 OPA LOCKA BLVD. MIAMI, FL 33167	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ulrick Alce TD 12555 NW 17th Ave Miami FL 33167	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THEUVIL, JOHN 1695 OPA LOCKA BLVD. MIAMI, FL 33167	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joubert Michel SD 12555 NW 17 Ave Miami FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LAFRANCE, JOCENY 1695 OPA LOCKA BLVD. MIAMI, FL 33167	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BeTTy Michel CD 12555 NW 17 Ave Miami FL 33167	☐ 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 address, with all other like empowered.

SIGNATURE: Joubert Michel Joubert 01-05-04 (305)623-1873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #