

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004264

FILED
Apr 30, 2007
Secretary of State

Entity Name: BETHSAIDA COMMUNITY CHURCH CORP.

Current Principal Place of Business:

1695 OPA LOCKA BOULEVARD
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1695 OPA LOCKA BOULEVARD
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0856083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDEN, E SCOTT
644 SE 4 AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MICHEL, JOCELYN
Address: 1505 NE 118 TERRACE
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: GASPARD, LEON
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: SD () Delete
Name: THERVIL, JOHN
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: CD (X) Delete
Name: LAFRANCE, JOCENY
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: PD (X) Delete
Name: TIMOTHEE, HENCOCK
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: D (X) Delete
Name: METAYER, ESTAGNE
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LAFRANCE, JOCENY
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: PD (X) Change () Addition
Name: TIMOTHEE, HENOCK
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: D (X) Change () Addition
Name: METAYER, ESTAGNE
Address: 1695 OPA LOCKA BOULEVARD
City-St-Zip: MIAMI, FL 33167

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCENY LAFRANCE

CD

04/30/2007

Electronic Signature of Signing Officer or Director

Date