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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006489

1. Corporation Name

BETHEL CHURCH IN CHRIST, INC.

Principal Place of Business

51 NE 24 STREET STE 7
FT LAUDERDALE FL 33305

Mailing Address

51 NE 24 STREET STE 7
FT LAUDERDALE FL 33305



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P.O. Box 70754
27 Suite, Apt. #, etc.

28 City & State

29 Fort-Lauderdale, FL.
30 Zip 31 Country

3. Date Incorporated or Qualified
10/26/1998

4. FEI Number

65-0876654

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PREMIER MANAGEMENT COMPANY
1437 NE 4 AVE
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAYMOND, PIERRE J
STREET ADDRESS 51 NE 24 STREET STE 7
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE VD
NAME RAYMOND, MARIE V
STREET ADDRESS 51 NE 24 STREET STE 7
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE VD
NAME BALATIER, JEAN
STREET ADDRESS 6017 KIMBERLY BLVD
CITY-ST-ZIP NO LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T. Treasurer
3.2 NAME Jacqueline Georges
3.3 STREET ADDRESS 4120 SW 20th St
3.4 CITY-ST-ZIP Fort-Lauderdale, FL 33317

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5663487

CR2E037 (1/98)