

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 018 \*\*\*\*61.25

<b>DOCUMENT # N98000006489</b>					
<b>1. Entity Name</b> BETHEL CHURCH IN CHRIST, INC.					
<b>Principal Place of Business</b> 3844 W. BROWARD PLANTATION, FL 33312 <i>4351 West Oak Land Park Blvd - Lauderdale Lakes FL 33319</i>			<b>Mailing Address</b> POST OFFICE BOX 9272 FT LAUDERDALE, FL 33310		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State		06162007 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 65-0876654	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RAYMOND, PIERRE J 4174 INVERRARY DRIVE, APT.213 LAUDERHILL, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b> SIGNATURE <u>RAYMOND, PIERRE J.</u> DATE <u>JUNE 16, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND, PIERRE J 4174 INVERRARY DRIVE, #213 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Raymond, Pierre J. 4174 InvErrary Dr. #213 Lauderhill FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYMOND, MARIE V 4174 INVERRARY DRIVE, #213 LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGES JEAN MARY 340 NE 45 STREET FORT LAUDERDALE FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGES, JACQUELINE 4120 SW 20 STREET FT LAUDERDALE, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUISA, BUZETTE 2420 NW 44 AVENUE LAUDERHILL FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACQUES, PHILISTIN 3440 WN. 34TH STREET LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADESCAT, GENESE 3508 NW 35 STREET LAUDERDALE LAKES FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNEVIL, ADELE 5110 NW. 6TH CT MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, MARIE V. 4174 INVERRARY DR. #213 LAUDERHILL FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>RAYMOND, PIERRE J.</u>			Date <u>JUNE 16, 2007</u> Daytime Phone # <u>(954) 485-4100</u>		