

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90013 020 ****61.25

DOCUMENT # N99000001341

1. Entity Name

EL BETHEL MISSIONARY CORP.

Principal Place of Business

**3681 NW 29 STREET
 LAUDERDALE LAKES FL 33311**

Mailing Address

**P.O. BOX 5472
 FT. LAUDERDALE FL 33310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBERT, CLEOMIE
 3681 NW 29 STREET
 LAUDERDALE LAKES FL 33311**

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **LAMBERT, CLEOMIE PASTOR**
 CITY-ST-ZIP **3681 NW 29 ST.
 LAUDERDALE LAKES FL 33311**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **DOYZE, PIERRE**
 CITY-ST-ZIP **11881 W. OAKLAND PARK
 LAUDERDALE LAKES FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **Marie Maud Petit**
 CITY-ST-ZIP **3681 N.W. 29 St
 Lauder Lakes FL 33311**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **CONSTANT, CARL**
 CITY-ST-ZIP **6911 SW 8 ST.
 MARGATE FL 33068**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Lucia Lambert**
 CITY-ST-ZIP **3681 N.W. 29 St
 Lauder Lakes FL 33311**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PIERRE-PAUL, MICHELET**
 CITY-ST-ZIP **416 NW 4 CT.
 POMPANO BEACH FL 33060**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Sourette Michel**
 CITY-ST-ZIP **6321 N.W. 26 St
 Sunrise FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

NOT REQUIRED

2-20-02

Date

Daytime Phone #

CR2E037 (9/01)