

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

Mailing Address

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

**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	DP	<input type="checkbox"/> Delete
NAME	LAMBERT, CLEOMIE PASTOR	
STREET ADDRESS	3681 NW 29 ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOYZE, PIERRE	
STREET ADDRESS	11881 W. OAKLAND PARK	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONSTANT, CARL	
STREET ADDRESS	6911 SW 8 ST.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERRE-PAUL, MICHELET	
STREET ADDRESS	416 NW 4 CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE MAUD PETIT	
STREET ADDRESS	3681 N.W. 29 ST	
CITY-ST-ZIP	LAUD LAKES FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIKA LAMBERT	
STREET ADDRESS	3681 N.W. 29 ST	
CITY-ST-ZIP	LAUD LAKES FL 33311	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soeurrette Michel	
STREET ADDRESS	6321 N.W. 26 ST	
CITY-ST-ZIP	LAUD Sunrise FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

COPIES REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

Daytime Phone #

CR2E037 (9/01)