


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 004 ****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 3681 NW 29 STREET LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0909506
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, CLEOMIE PASTOR		NAME	
STREET ADDRESS	3681 NW 29 ST.		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRLINE, CALIE		NAME	
STREET ADDRESS	P.O. BOX 490241		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELICEY, SHERLIE		NAME	
STREET ADDRESS	3467 NW 37 ST		STREET ADDRESS	
CITY-ST-ZIP	LAUD LAKES, FL 33309		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISMA, GENELIA		NAME	
STREET ADDRESS	4230 NE 4 TERR		STREET ADDRESS	
CITY-ST-ZIP	POMPANO, FL 33064		CITY-ST-ZIP	
TITLE	AV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANT, CARL		NAME	
STREET ADDRESS	6911 SW 8 STREET		STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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.				
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
			Date	Daytime Phone #

40034400



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