

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 10, 2000 8:00 am
Secretary of State

05-31-2000 90067 044 ****61.25

DOCUMENT # *Bethesda Foundation*
1. Entity Name *of miracles in Christ Headquarters*
N99000003597 INC.

Principal Place of Business Mailing Address
3844 W Broward Blvd.
Plantation FL 33317

2. Principal Place of Business 3. Mailing Address
257 SW 27th Ave *257 SW 27th Ave*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ft. LDie Florida *ft. LDie Florida*
Zip Country Zip Country
33312 Broward *33312 Broward*

DO NOT WRITE IN THIS SPACE
65-0925960
4. FEI Number *65-0925960* Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Anthony Bigmell
3844 W. Broward Blvd.
ft. 33317

7. Name and Address of New Registered Agent
Name *Cynthia Tracey*
Street Address (P.O. Box Number is Not Acceptable)
257 S.W. 27th Ave
City *ft LDie* FL Zip Code *33312*

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 *Cynthia Tracey* DATE *5-5-2000*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
Rev. C. Tracey
257 SW. 27th Ave
ft. LDie fl. 33312
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
Sonia Kelly
1761 NW 46 Ave.
Laudon Hill fl. 33313
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
Assistant Pastor
Cleve Joseph
257 SW 27th Ave ft. LDie 33312
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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: *Cynthia Tracey* Date Daytime Phone #
Signature and typed or printed name of signing officer or director

Ref# N99000003597

CR 017 (9/99)