


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 032 ****61.25

DOCUMENT # N99000003597	
1. Entity Name BETHESDA MERCY MISSION IN CHRIST INC.	

Principal Place of Business 807 W OAKLAND P BLVD H 7 FORT LAUDERDALE FL 33311	Mailing Address PO BOX 190062 FORT LAUDERDALE FL 33319
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2. Principal Place of Business 4911 NW 47th Ter.	3. Mailing Address 4911 NW 47th Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State +Amaraac	City & State +Amaraac
Zip 33319	Zip 33319
Country florida	Country florida

4. FEI Number 65-0925960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRACEY, CYNTHIA REV 807 W OAKLAND PK BLVD H 7 FORT LAUDERDALE FL 33311	
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7. Name and Address of New Registered Agent	
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 Cynthia Tracey <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACEY, CHYNTIA 257 SW 27TH AVE FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, SONYA 1761 NW 46 AVE LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, CLEAVE 257 SW 27TH AVE FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: Cynthia Tracey CYNTHIA TRACEY 4/14/06 954-730-8211
