

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000767

Entity Name: BETHEL CHURCH OF GOD MINISTRIES, INC.**Current Principal Place of Business:**5300 W ATLANTIC AVE.
MARGATE, FL 33063**Current Mailing Address:**2131 N.W. 76TH AVE.
MARGATE, FL 33063**FEI Number:** 65-0979267**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORISSET, JACQUES J
2131 N.W. 76TH AVE.
MARGATE, FL 33063 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MORISSET, JACQUES J
Address	2131 N.W. 76TH AVE.
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	MORISSET, MINIE Y
Address	2131 N.W. 76TH AVE.
City-State-Zip:	MARGATE FL 33063

Title	ASST. TREASURER
Name	EDOUARD, JOSEPH CLAUDE
Address	1100 N.W. 76TH AVE.
City-State-Zip:	PLANTATION FL 33322

Title	D
Name	MORISSET, JACQUES JJR.
Address	2131 N.W. 76TH AVE.
City-State-Zip:	MARGATE FL 33063

Title	SECRETARY
Name	MORISSET, RICHARD
Address	7660 NW 47TH. AVE
City-State-Zip:	COCONUT CREEK FL 33073

Title	ASST. TREASURER
Name	ANTOINE, LEOPOLD
Address	7420 SW 10TH STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	TREASURER
Name	MORISSET, PRISCILLA
Address	7660 NW 47TH. AVE.
City-State-Zip:	COCONUT CREEK FL 33073

Title	DIRECTOR
Name	EXANTUS, RICOT
Address	6740 NW 105 LANE
City-State-Zip:	PARKLAND FL 33076

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUES J. MORISSET**PRESIDENT****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STERLING, LAVILA
Address 2536 CORAL SPRINGS DR.
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name JEAN-BAPTISTE, JUDE
Address 4319 NW 76TH. AVE
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name BOSSE, JUDE
Address 4001 NW 7TH. AVE
City-State-Zip: POMPANO BEACH FL 33064