

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010759

Entity Name: BETHEL CHURCH OF PORT SAINT LUCIE INC.**Current Principal Place of Business:**6173 NW N TORINO PKWY
PORT ST. LUCIE, FL 34986**Current Mailing Address:**3841 SW RUARK ST
PORT SAINT LUCIE
PORT ST. LUCIE, FL 34953 US**FEI Number:** 22-3917208**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAROLD, NELSON DIRECTOR
3841 SW RUARK ST
PORT SAINT LUCIE
PORT SAINT LUCIE, FL 34953 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:** HAROLD NELSON

01/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | NELSON, HAROLD DIRECTOR |
| Address | 3841 SW RUARK ST |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 |

| | |
|-----------------|-----------------------------|
| Title | PRESIDENT |
| Name | NELSON, ROSELAINE PRESIDENT |
| Address | 3841 SW RUARK |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 |

| | |
|-----------------|----------------------------------|
| Title | VICE-PRESIDENT |
| Name | ANTOINE, PHILOCIA VICE-PRESIDENT |
| Address | 3841 SW RUARK ST |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 |

| | |
|-----------------|---------------------------|
| Title | SECRETARY |
| Name | OBEI, MARION SECRETARY |
| Address | 3841 SW RUARK ST |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 |

| | |
|-----------------|----------------------------|
| Title | TREASURER |
| Name | MICHEL, FRISNIQUE TREASURY |
| Address | 3841 SW RUARK ST |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 |

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: HAROLD NELSON

DIRECTOR

01/16/2016

Electronic Signature of Signing Officer/Director Detail

Date