

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05000010759

**Entity Name:** BETHEL CHURCH OF PORT SAINT LUCIE INC.

**Current Principal Place of Business:**

6173 NW W 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:** No

**Name and Address of Current Registered Agent:**

NELSON, HAROLD 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

03/11/2014

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, PHILODIA 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**

03/11/2014

Electronic Signature of Signing Officer/Director Detail

Date