

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009988

**Entity Name:** BETHANY EVANGELICAL BAPTIST CHURCH. INC.**Current Principal Place of Business:**710 NW 148 STREET  
MIAMI, FL 33168**Current Mailing Address:**235 NW 118TH STREET  
MIAMI, FL 33168 US**FEI Number:** 27-4458156**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DESTINE, JONIAS  
235 NW 118TH STREET  
MIAMI, FL 33168 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            | DESTINE, JONIAS PASTOR |
| Address         | 235 NW 118TH STREET    |
| City-State-Zip: | MIAMI FL 33168         |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY           |
| Name            | DESTINE, MARIE      |
| Address         | 235 NW 118TH STREET |
| City-State-Zip: | MIAMI FL 33168      |

|                 |                   |
|-----------------|-------------------|
| Title           | TREASURER         |
| Name            | FRANCOIS, VALCINA |
| Address         | 14835 NW 11TH CT  |
| City-State-Zip: | MIAMI FL 33168    |

|                 |                     |
|-----------------|---------------------|
| Title           | AS                  |
| Name            | GILLES, EDOUARD     |
| Address         | 235 NW 118TH STREET |
| City-State-Zip: | MIAMI FL 33168      |

*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:** JONIAS DESTINE

PD

03/15/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date